Mamawetan Churchill River Health Region

Annual Report 2011-2012

Together in Wellness

www.mcrhealth.ca

2011 Population: 24,226

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The electronic version of this annual report may be found at: www.mcrhealth.ca

Cover photo by Lisa Friesen.

Letter of Transmittal

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

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To the Honourable Dustin Duncan
Minister of Health

Dear Minister Duncan:

The Mamawetan Churchill River Regional Health Authority is pleased to provide you and the residents of the health region with its 2011-12 annual report.

This report provides the audited financial statements and outlines activities and accomplishments of the region for the year ended March 31, 2012.

Respectfully submitted,

Ron Woytowich, Chairperson
Mamawetan Churchill River Regional Health Authority

Introduction

This annual report presents the Mamawetan Churchill River Health Region's activities and results for the fiscal year ending March 31, 2012. It reports on public commitments made and other key accomplishments of the region.

Results are provided on the publicly committed strategies, actions and performance measures identified in the strategic plan. This report also demonstrates progress made on commitments.

The 2011-12 Annual Report provides an opportunity to assess the accomplishments, results and lessons learned, and to identify how to build on past successes for the benefit of the people in the Mamawetan Churchill River Health Region.

The organization acknowledges responsibility for the preparation of this report. It has confidence in the reliability of the financial statements, as they have been audited by an independent third party and reviewed by the Provincial Auditor.

Data tables related to sick time usage, wage-driven premium hours and workers' compensation claims have been provided by the Ministry of Health. This annual report also relies on information from the report of Accreditation Canada.

Key areas have been selected for reporting based on the strategic plan and priorities determined by the Regional Health Authority Board. The interpretation embedded in the reporting reflects the best judgement of the organization's leaders.

Alignment with Strategic Direction

The Ministry of Health has a mandate to support Saskatchewan residents in achieving their best possible health and well-being. It establishes policy direction, sets and monitors standards, provides funding, supports regional health authorities, and ensures the provision of essential and appropriate services.

The Mamawetan Churchill River Health Region works collaboratively with the Ministry of Health and with other partners to support the more than 24,000 residents of the region, spread over a large geographical area, in achieving their best possible health and well-being.

Guiding the region's staff is a mission, vision and values statement that was developed in consultation with the staff and approved by the Board.

The region's strategic plan aligns with the strategic and operational directions for the health sector communicated by the Ministry of Health in the region's Accountability Document. The goals of the region's strategic plan are also influenced by the unique circumstances of the region, including demographics and health status.

During the 2011-12 fiscal year, the Mamawetan Churchill River Health Region participated in the development of a system-wide strategy deployment process in collaboration with the Ministry of Health, other health regions and the Saskatchewan Cancer Agency. In the fall of 2011, the Saskatchewan health care system adopted the four pillars of Better Health, Better Care, Better Value and Better Teams, and established five initial provincial breakthrough initiatives:

- Transform the patient experience through sooner, safer, smarter surgical care;
- Strengthen patient-centered primary health care by improving connectivity, access, and chronic disease management;
- Deploy a continuous improvement system including training and infrastructure across the health system with an initial focus on the surgical value stream and 3P (Production, Preparation, Process) within Five Hills, Prairie North, Prince Albert Parkland, and Saskatoon health regions;
- Safety Culture: Focus on patient and staff safety;
- Identify and provide services collectively through a shared services organization.

In February, 2012, the Mamawetan Churchill River Health Region committed to focusing on breakthrough initiatives in the areas of primary health care redesign, patient safety, TB and HIV programs, continuous improvement, and leadership development. These will continue to be the region's priorities in 2012-13.

Mamawetan Churchill River Regional Health Authority

Mission

Working together in wellness to promote, enhance and maintain quality of life.

External Vision

Vibrant and diverse communities, rich in northern heritage, tradition and culture.

Internal Vision

A safe, respectful environment of teamwork, learning and continuous quality improvement, representative of the communities we serve.

Values ~ WE ACT *Together*

Wholistic Approach: **Compassionate care, recognizing and supporting physical, mental, spiritual, social and emotional well-being.**

Equity: **Social justice through fair and equitable access to health services for all people.**

Accountability: **Having the courage to do what is right, guided by honesty, transparency, and responsibility to our stakeholders.**

Competence: **A commitment to the continual pursuit of excellence through gaining knowledge, implementing research based best practice guidelines and standards within an ethical framework.**

Trust: **Built upon respect and valuing the unique worth of each individual in our relationships, decisions, and actions.**

Team Approach: **Working together through cooperation and recognizing each other's contributions to achieve a common goal.**

Strategic Directions

The Ministry of Health sets out the strategic directions and goals for the health sector. These were expressed in the 2011-12 Accountability Document for the health region as follows:

Strategic Focus	1. HEALTH OF THE INDIVIDUAL	2. HEALTH OF THE POPULATION	3. PROVIDERS	4. SUSTAINABILITY
Goals	1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations	2.1 Improve population health through health promotion, protection and disease prevention	3.1 Work together to build a workplace that supports the adoption of both patient- and family-centered care and collaborative practices	4.1 Achieve best value for money while improving the patient experience and population health
	1.2 Achieve timely access to evidence-based and quality health services and supports	2.2 Collaborate with communities, other ministries and different levels of government to close the gap in health disparities	3.2 Work together to create safe, supportive and quality workplaces	4.2 Improve transparency and accountability through measurement and reporting
	1.3 Continuously improve health care safety in partnership with patients and families		3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers	4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations

5. SUPPORTIVE PROCESSES		
5.1. Benchmark and model world-class high-performing health systems	5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies	5.3 Leverage technology to achieve improvements in patient care and system performance

Goals of the Mamawetan Churchill River Health Region Strategic Plan for 2011-12

1.0 Health of the Individual

1.1 Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

1.2 Achieve timely access to evidence-based and quality health services and supports across the continuum of care, including clients with complex needs.

1.3 Continuously improve health care safety in partnership with patients and families.

2.0 Health of the Population

2.1 Improve population health through health promotion, protection and disease prevention.

2.2 Collaborate with communities, other ministries and different levels of government, to close the gap in health disparities, including environmental factors.

3.0 Providers

3.1 Work together to build a workplace that supports the adoption of both patient- and family-centred care and collaborative practices.

3.2 All levels of the organization work together to create a safe, supportive and quality workplace.

3.3 Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

4.0 Sustainability

4.1. Achieve best value for money while improving the patient experience and population health.

4.2 Improve transparency and accountability through measurement and reporting.

4.3 Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

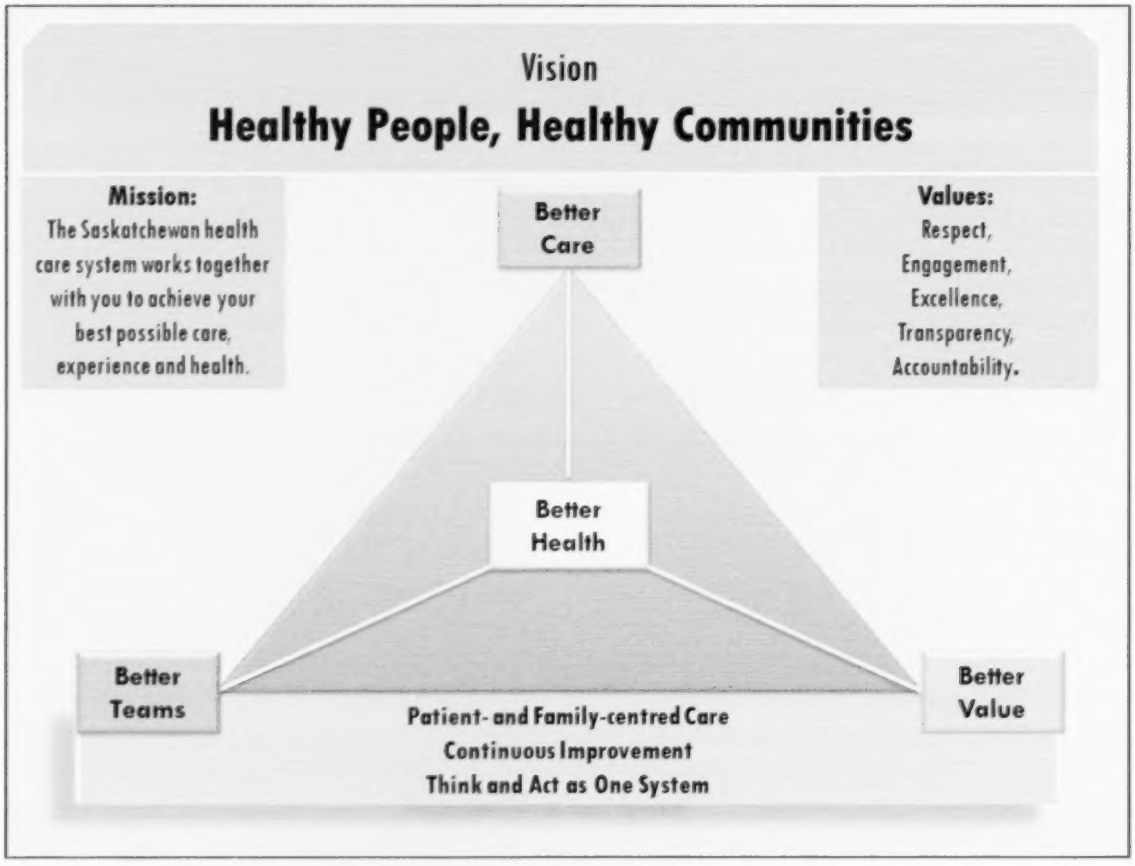
5.0 Supporting Processes

5.1 Benchmark and model world class high performing health systems.

5.2 Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

5.3 Leverage technology to achieve improvements in patient care and system performance (e.g. EHR, Telehealth, Diagnostics).

A number of initiatives and targets have been established to achieve each of the goals.



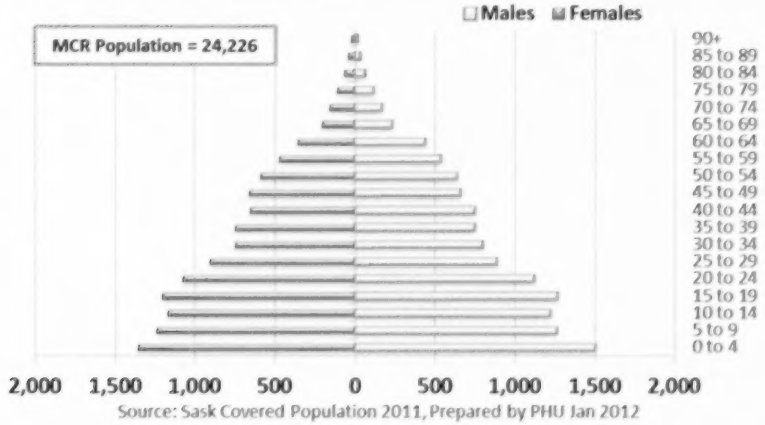
BETTER HEALTH	BETTER CARE	BETTER VALUE	BETTER TEAMS
Improve population health through health promotion, protection and disease prevention, and collaborating with communities and different government organizations to close the health disparity gap.	**In partnership with patients and families, improve the individual's experience, achieve timely access and continuously improve healthcare safety.**	**Achieve best value for money, improve transparency and accountability, and strategically invest in facilities, equipment and information infrastructure.**	**Build safe, supportive and quality workplaces that support patient- and family-centred care and collaborative practices, and develop a highly skilled professional and diverse workforce that has a sufficient number and mix of service providers.**

RHA Overview

The population of the Mamawetan Churchill River Health Region has some unique characteristics which impact on the health care service delivery.

The distribution of population in the health region is different from the distribution of population for the province as a whole. For example, in Mamawetan Churchill River, 32% of the population is under the age of 15, compared to 19% for the province. Over 80 percent (80.2%) of the population self-identify as being Aboriginal.

Population Pyramid by Age and Sex, MCR 2011



Source: Sask Covered Population 2011, Prepared by PHU Jan 2012

The Northern Saskatchewan Health Indicators Report 2011, released in January, 2012, provides an extensive analysis of the various geographic, demographic and socio-economic impacts on health status.

In 2010, the Mamawetan Churchill River Health Region along with Keewatin Yatthé Health Region and the Athabasca Health Authority had the highest 'dependency ratio' of all other health regions in Canada, comparing the number of youth under 20 and elders 65 years of age and over with the 'working' population of 20-64 years. Regions with high dependency ratios indicate economically stressed areas.

Off-reserve children in the Mamawetan Churchill River Health Region aged 17 years and under (34%) are twice as likely to live in poverty compared to the province (18%).

Less than half of the health region population aged 25-29 years are high school graduates compared to 80.8% for the province.

The median before-tax income of people living in northern Saskatchewan is $13,610, which is $10,000 less than the provincial median.

The Mamawetan Churchill River Health Region has almost four times the proportion of dwellings requiring major repair, and more than 10 times the rate of crowding, having more than one person per room, compared to the province.

Governance

The Mamawetan Churchill River Regional Health Authority is responsible for the planning, organization, delivery and evaluation of health services it is to provide within its health region and within any other area that may be directed by the Minister. In carrying out its responsibilities, the regional health authority shall:

- Assess the health needs of the persons to whom the regional health authority provides health services;
- Prepare and regularly update an operational plan for the provision of health services;
- Provide the health services that the Minister determines that the regional health authority is to provide;
- Co-ordinate the health services it provides with those provided by other providers of health services;
- Evaluate the health services that it provides;
- Promote and encourage health and wellness; and
- Do any other things that the Minister may direct.

As stated in the Accountability Document, The Mamawetan Churchill River Regional Health Authority is expected to:

- comply with all legislation, regulations, contracts, policies and directives;
- comply with all Ministerial information requests; and
- provide a range of publicly acceptable services appropriate for the facility designation or community in which the service is provided.

Members of the Mamawetan Churchill River Regional Health Authority for 2011-12 included:
Ron Woytowich, La Ronge, Chairperson;
Ron Pratt, La Ronge, Vice-Chairperson;
Miles Bean, La Ronge;
Lorraine Bear, Sandy Bay
Leon Charles, Grandmother's Bay;
Al Rivard, La Ronge;
Josie Searson, La Ronge;
Louise Wiens, La Ronge.

The Mamawetan Churchill River Regional Health Authority has Governing Bylaws approved by the Minister of Health. In addition to holding public meetings, and meeting as the Committee of the Whole, as described under the *Regional Health Services Act*, the RHA has three committees of the Board: Governance, Audit and Finance, and Ethics.

The Ethics Committee is active in its work to fulfill the framework adopted last year. In particular, the Committee has concentrated on meeting the goal of educating its own members as well as all staff. They were able to send several members to two different training events sponsored by Accreditation Canada. They recognized Ethics Week with educational materials, and made the necessary arrangements to bring in an Ethicist to give presentations to all staff, our physicians and community members in May, 2012. The Ethics Consultation Sub-committee advertised its readiness to receive consultation requests, but did not receive any requests in the 2011-12 fiscal year.

The Chair and Vice-Chair are members of the Northern Health Authorities Co-management Partnership Committee. In addition, the Practitioner Liaison Council, the Northern Human Services Partnership, the North Sask Laundry & Support Service Board, and regional Quality as a Business Strategy (QBS) Team include representatives from the RHA.

The Board Chair served as the Authority's representative on the Board of the Saskatchewan Association of Health Organizations (SAHO), and members attended the SAHO Annual General Meeting. During the 2011-12 fiscal year, plans were made for restructuring SAHO to be responsible for collective bargaining and labour relations only, and for the establishment of a new organization, Health Shared Services Saskatchewan (3sHealth), which will report to a new Governing Council. The Board Chair will represent the Mamawetan Churchill River Regional Health Authority on the Governing Council.

Members participated in various modules of the Health Director Education and Certification Program, delivered through the Johnson-Shoyama Graduate School of Public Policy at the University of Regina. In 2011-12, three Board members, Ron Woytowich, Ron Pratt and Al Rivard, successfully met all the requirements and received their certification.

As part of its ongoing commitment to board development, the RHA members attended the first annual Saskatchewan Health Quality Summit. Two Board members also attended the conference of the Canadian Public Health Association, and two attended the Canadian Healthcare Association/National Health Leadership Conference.

In May, 2011, during his visit to La Ronge, the Board had the opportunity to share with the Honourable Don McMorris, Minister of Health, some of the successes and unique challenges faced by the health region.

In September, the Board members participated in a province-wide meeting that provided an overview of the strategy deployment process.

In 2011-12, the RHA met eight times in La Ronge and once in Creighton. Notices of the meetings are sent to the media inviting public attendance. Highlights of the public meetings, in the form of RHA Notes, are distributed to the media following the meetings. Both the notices and RHA Notes are posted on the region's website.

In conjunction with the September Board meeting in Creighton, MCRRHA Board members joined the Board of the Creighton Alcohol and Drug Abuse Council, Inc. (CADAC) in celebrating CADAC's 25th anniversary of service to the community. As well, the MCRRHA Board met with the Board of the NOR-MAN Regional Health Authority to discuss areas of mutual interest.

Board Members of the Mamawetan Churchill River Regional Health Authority, 2011-12
Left to right: Vice-Chairperson Ron Pratt, Lorraine Bear, Leon Charles, Louise Wiens, Al Rivard, Josie Searson, Miles Bean and Chairperson Ron Woytowich.

Community Advisory Networks consist of volunteers who assist the Regional Health Authority to understand the needs, preferences and priorities of people and communities, and advise the Authority on broad issues. The region has Terms of Reference for the Community Advisory Networks. In 2011-12, four members were appointed to the Community Advisory Network in the Creighton, Denare Beach, and Flin Flon, Saskatchewan area. This network has been meeting regularly with Board and region representatives. Telehealth technology is employed, in addition to face-to face meetings. A primary area of focus for the initial meetings was to develop a plan to clarify for the residents of these border communities which services are provided by the Mamawetan Churchill River Health Region, and which services can be accessed in Flin Flon, Manitoba, through an agreement between the two provincial governments.

There is also a Community Advisory Network in Pinehouse, and strategies are being considered to establish similar networks in other communities.

In August and September, 2011, the Board initiated a series of discussions with Community Focus Groups. Representatives of the Board, along with the region's management met with selected members of the community in Creighton, Pinehouse, Sandy Bay and Ramsey Bay. A similar meeting was also held with stakeholders in Creighton. The feedback that was received in these consultations has resulted in an action plan to improve services.

With the announcement of the retirement of Chief Executive Officer, Kathy Chisholm, the Board undertook a recruitment and selection process for a new CEO, resulting in the appointment of Andrew McLetchie, effective October 1, 2011. The Board honoured Kathy Chisholm's more than 35 years of service to healthcare in Northern Saskatchewan with the presentation of a star blanket.

Organizational Structure

The Executive Team is made up of the Chief Executive Officer, and the Directors reporting directly to the CEO, as well as the Chief Financial Officer, Senior Medical Officer and Medical Health Officer. (See Appendix B) The departments include Integrated Health Services, Addictions Services, Mental Health Services, Primary Health Care, Human Resources and Operations, Information Systems, Quality Improvement and Risk Management, Corporate Services and Communications. The Director of the Population Health Unit is also on the Executive Team. The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.

The Leadership Team is made up of the members of the Executive Team, along with the Community Health Managers in Creighton, Pinehouse, and Sandy Bay, as well as the Deputy Medical Health Officer, Director of Nursing, Director of Facilities and Operations, Manager of Health Promotion and Community Therapies, Regional Risk Management Coordinator, Employee and Patient Safety Coordinator, Employee Benefits & Disability Management Coordinator, Representative Workforce Coordinator, Manager of Environmental Health and Executive Assistant. Over 300 full-time, part-time and casual employees work for the health region.

Health Care Organizations & Other Third Party Relationships:
In order to achieve its mandate, the Mamawetan Churchill River Health Region is engaged in a number of partnerships. For an extensive list, please refer to Appendix C. Of particular note, are the following:

- CADAC, the Creighton Alcohol and Drug Abuse Council, which celebrated its 25th anniversary in 2011, provides outpatient addictions prevention and recovery services for adults and youth in the Creighton/Denare Beach area. These include:
  - Initiation and continuation of the motivational assessment process for purposes of developing client-centered recovery planning;
  - Transition program with intensive education appropriate to the client's needs (either in group or one to one);
  - Programming for clients in the stabilization stage or early recovery stage (either in group or one to one);
  - Making appropriate client referrals when it is in the best interest of the client's care plan;
  - Case management with other agencies;
  - Relapse prevention education (either in group or one on one);
  - Educational and therapeutic materials for clients and the public;
  - Providing screening, assessment and counselling services to clients involved in the Safe Driving Program and the Impaired Driver Treatment Program (IDTP);
  - Maintenance of positive public relations including liaison with self-help groups and community leadership;

- Health Promotion and Prevention Strategies, which could include programs, presentations and participation in Drug Awareness Week;
- Participation in community action plans that are relevant to addiction issues such as Community Interagency meetings and Community Health Committee meetings;
- Clinical Gambling Services for problem gamblers and their families;
- Outreach services to the local schools of Creighton and Flin Flon.

- The region contracts with the following to provide Emergency Medical Services – La Ronge EMS, Peter Ballantyne Cree Nation Health Services Inc., and NOR-MAN RHA (Flin Flon General Hospital Ambulance Service).

- North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN), based in La Ronge, acts as a service delivery agent for a community support program funded by the region. It is a contracted service, reviewed and renewed annually, and accountability is through a standardized contract which requires audited financial statements and an annual report. The Director of Mental Health Services is responsible for the contract and meets regularly with the Executive Director of NSN to review services and quarterly financial statements.

- The region was the accountable partner for the Northern Health Strategy until its operations were formally concluded in June, 2011, and administered the funding for the Northern Human Services Partnership (Regional Intersectoral Co-ordinators) until the summer of 2011. Funding for the Northern Human Services Partnership now flows through the region from the province to the Kikinahk Friendship Centre.

- The region also receives funding from Kids First North to deliver services and from the Saskatchewan Ministry of Justice to deliver the Children Exposed to Violence program. In 2011-12, funding from Health Canada enabled the health region to facilitate the La Ronge and area Illicit Drug Prevention Strategy.

Service Delivery

Services are delivered by the Mamawetan Churchill River Health Region to residents in north-eastern Saskatchewan through facilities in five communities: Creighton, La Ronge, Pinehouse, Sandy Bay, and Weyakwin. These facilities serve as a base for programs and services that are also provided at outfitter camps, mining operations, exploration camps, correctional facilities, schools, community gathering places, and homes. As well, environmental health services are provided to off-reserve communities adjacent to First Nations communities at Stanley Mission, Southend, Pelican Narrows, Deschambault Lake, and Wollaston Lake.

In addition, a funding agreement exists between the provinces of Manitoba and Saskatchewan for the provision of services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing.

Programs & Services:

The programs and services provided by the Mamawetan Churchill River Health Region are designed to respond to the changing needs of our clients. A unique arrangement exists to provide specific services through the Population Health Unit.

Population Health Unit

The Population Health Unit (PHU) provides public health and population health services to the three northern health authorities (Athabasca Health Authority, Keewatin Yatthé Regional Health Authority and Mamawetan Churchill River Regional Health Authority) under a Co-Management Agreement.

The Population Health Unit includes Medical Health Officers; Communicable Disease/Immunization Nurse; Dental Health Educator; Environmental Health Manager and six Public Health Inspectors; Infection Prevention and Control Coordinator; Nurse Epidemiologist; Public Health Nurse Specialist; Public Health Nutritionist; Prenatal Nutrition Coordinator; Population Health Promotion Coordinator; Director; and Support Staff.

The Population Health Unit has roles and responsibilities within the three northern health authorities for:

- Health protection and disease control and prevention;
- Health surveillance and health status reporting;
- Legislated mandate under the Public Health Act (2004) and regulations;
- Liaison, consultation and advice;
- Population and public health program planning and evaluation;
- Population health promotion (advocacy for healthy public policy, community development, health education).

The Population Health Unit also assists in the process to assess proposals for health research in northern Saskatchewan involving health authority services, facilities, staff or records to ensure ethical, effective, quality research done in a culturally safe and resource efficient manner. Between April 1, 2011 and March 31, 2012, 31 projects were assessed, an increase from 20 projects during 2010-11.

In the spring of 2011, a Northern Saskatchewan Prenatal Biomonitoring Program for environmental chemicals and contaminants was implemented through a partnership with the Saskatchewan and Alberta Ministry of Health, and Northern Intertribal Health Authority.

Physician Services

The region does not employ physicians, although it does have a contract arrangement for a part-time Senior Medical Officer.

In La Ronge, physician staffing is facilitated through Northern Medical Services, a division of the Department of Academic Family Medicine of the University of Saskatchewan. At the La Ronge Health Centre, physicians provide inpatient services (including obstetrics), emergency room coverage, care for long term care patients, and perform pre-booked outpatient procedures.

On weekdays, the physician group offers medical services at the La Ronge Medical Clinic for scheduled appointments and minor emergencies. In addition, physicians travel regularly to Stanley Mission, Pinehouse, Southend and Wollaston offering patient care to clients in these communities. In 2011-12, 383 outpost clinics were performed by the La Ronge physician group.

Specialist services are also made available in La Ronge in the areas of pediatrics, obstetrics, gynecology, nephrology, orthopedics, general surgery, ophthalmology, and otolaryngology. A regular TB clinic is held and a there is also specialist service for infectious diseases, focusing on clients with HIV. The visiting specialists hold clinics in the La Ronge Medical Clinic and La Ronge Health Centre.

The La Ronge physicians are actively involved in training residents, interns, nurse practitioners, and medical students. During 2011-12, the physicians hosted a bus tour for medical students interested in working in the North. In June of 2012, they will be launching a new rural resident program with two participants. As well, they commit time to administrative duties for the region, University of Saskatchewan, and provincial committees.

At the Sandy Bay Health Centre, physician services are provided twice a week by J.A. Steyn Medical Professional Corporation, through a funding arrangement with Northern Medical Services.

Acute Care/Hospital Services

Acute care services within the La Ronge Health Centre provide a wide variety of services including inpatient care, emergency and outpatient care, and labour and delivery for residents of the region living not only in La Ronge, but in many northern communities. The acute care unit is staffed by registered nurses and licensed practical nurses. Attending physicians are staffed through Northern Medical Services.

In 2011-12, there were 634 admissions to acute care beds, as well as 65 newborns. There were 11,719 visits to the Emergency Department. A total of 448 clients were kept in "short stay" beds for observation.

Diagnostic Services

There is a laboratory, x-ray and ultrasound department that also serves the outlying communities by providing diagnostic services to the people living throughout the central area of the region.

Nikinan (Long Term Care)

Nikinan is the long term care facility in the Region, located in the La Ronge Health Centre. Nikinan is a Cree word meaning "Our Home" and it is home to 14 residents from many northern communities. In 2011-12, one new client was admitted to the facility. At the end of the fiscal year, there was a waiting list of 32 individuals.

In addition to permanent residential supportive care at Nikinan, there are two rooms dedicated to providing care for people who request residential supportive care for a brief period of time. In 2011-12, there were 41 respite admissions.

An adult day program for people who benefit from daily supportive care and socialization is provided out of the long term care facility in the La Ronge Health Centre.

Home Care

Home care services are provided in Creighton, La Ronge, Pinehouse, Sandy Bay and Weyakwin. Services provided are based on standardized assessments. Home care nurses provide care and monitoring of clients. Home health aides may assist the client with personal care, meal preparation, shopping, assistance to medical appointments and basic homemaking services. A physiotherapist may also make home visits. Meals on Wheels services are offered in La Ronge, Sandy Bay and Weyakwin.

Foot health and podiatry care is provided by a licensed podiatrist who visits the La Ronge Health Centre monthly for 3 days. He is assisted by a nurse who provides care and follow-up between visits. This service is available to all residents of the region. Communities that have home care services also benefit from regular foot care clinics conducted by home care staff.

Volunteers are an important component of delivering the services in Long Term Care and Home Care. One of the most important contributions is meals on wheels delivery, seven days a week. Others include assistance with the Seniors' exercise program and the courtyard horticulture program, knitting, shopping, visiting, and baking. Students from the Northern Teacher Education Program (NORTEP) volunteer as a compulsory part of their program, and there are also volunteers from Pre-Cam, Gordon Denny, and Churchill Community Schools. In 2011-12, over 4000 volunteer hours were contributed in La Ronge.

Primary Care

Primary Care is available at the Health Centres in Pinehouse and Sandy Bay. These are staffed by nurse practitioners, registered nurses and licensed practical nurses, with doctors visiting on a regular basis. In La Ronge, a nurse practitioner works collaboratively with the physicians at the La Ronge Medical Clinic. Residents in the Creighton area can receive primary care through the NOR-MAN Health Region in Flin Flon, Manitoba.

Community Health

Public Health Nurses offer a variety of immunization services including Child Health Clinics, School Health Immunizations, Influenza Vaccination Clinics, International Travel Immunizations, Staff Immunizations, and Adult Immunizations. In addition, in La Ronge, they offer a needle exchange program for clients who require discreet and confidential provision of clean intravenous supplies as well as information, education and services to enhance personal safety.

Public Health Nurses offer one-on-one prenatal counselling and group prenatal classes. All postpartum clients are followed up upon discharge from hospital.

The Children's Dental Program delivers dental health education and prevention, diagnostic and limited restorative dental services for all preschoolers and children attending provincial schools up to age 16 years. Dental Clinics are located at the La Ronge Health Centre, Pre Cam Community School in La Ronge, Gordon Denny Community School in Air Ronge, Minahik Waskahigan Elementary School in Pinehouse, Creighton Community School, Hector Thiboutot Community School in Sandy Bay, and the Weyakwin Health Centre.

Visiting dentist services for adults and children are available at the La Ronge Health Centre, through a contract with a private dentist, Dr. Vincent Chan. This arrangement complements dentist services already provided in the community. A new initiative in 2011-12 was the expansion of the visiting dentist service to the community of Sandy Bay. Services provided to clients through this contract are paid for through their individual or group insurance plans or through direct billing of the clients themselves.

Community Health Educators are local workers in La Ronge, Pinehouse and Sandy Bay who work with other health care providers to deliver services and programs, and assist individuals and families to access the services and programs they require.

Two Diabetes Nurse Educators work with a multidisciplinary team that may include a physician, diabetes nurse educator, dietitian, pharmacist, community health educator, and other health care workers to provide services to individuals and families living with diabetes. The team provides education (both individual and group) for knowledge and skills needed to manage diabetes and prevent complications, and offers ongoing follow-up as needed. One is based in La Ronge and provides service to La Ronge, Air Ronge, Pinehouse and Weyakwin, while the other is based in Creighton and provides service to Sandy Bay and Creighton.

The regional dietitian provides a variety of services to the communities of La Ronge, Air Ronge, Pinehouse, and Sandy Bay. Examples of these services include: diabetes education, nutrition and lifestyle counselling, support for nutrition and healthy living programs and initiatives, consultations to food service providers, as well as education and partnerships with various community groups and schools.

A Sexual Wellness Coordinator works in partnership with Northern Lights School Division teachers to offer education, information and skills training to students about all aspects of human sexuality. A Tobacco Reduction and Problem Gambling Prevention Coordinator works to plan, implement and evaluate population health promotion strategies that aim to reduce tobacco rates and exposure to second hand smoke, and to provide individuals, professionals, organizations and communities with problem gambling educational materials and resources.

A Youth Health Promotion Coordinator provides leadership in the design, implementation, coordination and evaluation of youth engagement initiatives that are related to health promotion. As part of a project funded by Health Canada, a Community Youth Asset Coordinator worked closely with community stakeholders, school community councils and youth to plan, implement, and evaluate activities that are founded in the 40 Developmental Asset philosophy, with the aim of decreasing illicit drug use in the intermediate to long term. This project concluded at the end of March, 2011, although the intention is to continue with the goals of the initiative in collaboration with community stakeholders.

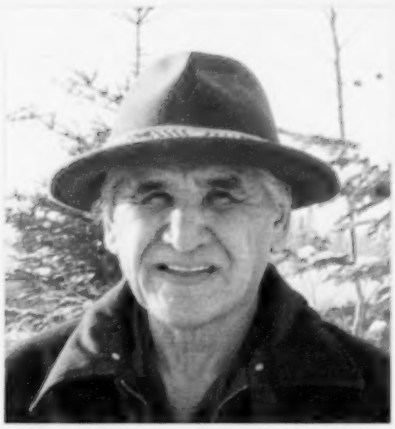
Youth Forum participants prepare to lead a discussion with the community in La Ronge.

Addictions & Mental Health

Addictions and Mental Health Services work closely together to meet client needs.

In La Ronge, Pinehouse and Sandy Bay, adult addictions services are provided on a one-to-one and group counselling basis. Client numbers are increasing; 420 files were opened in 2011-12.

Youth services are provided out of the Kikinahk Friendship Centre in La Ronge. These services include one-to-one counselling, an addictions education program and an outpatient day program. In La Ronge for the past year, an innovative "180" program has been offered. It is a low-intensity youth education program about the effects of substance abuse delivered to young people under the legal drinking age, who have received a ticket for unlawful possession of alcohol. The programming is facilitated by Youth Addictions Services counsellors, and is a collaborative effort of Justice, Law Enforcement, and Health to address the problems associated with underage drinking in La Ronge. It is offered voluntarily to young people who, when they complete the program, have the $360 ticket they received withdrawn by the court.



We continue to have a staff member in Addictions Services, Don Caisse, who is recognized by the University of Saskatchewan as a traditional healer and is qualified to instruct in the area of Native Traditional Practices. His knowledge is available to our clients who are seeking guidance or more information about the sweat lodge ceremony, smudging and traditional healing.

In Creighton, addictions prevention and treatment services are available through the Creighton Alcohol and Drug Abuse Council (CADAC).

The Social Detox unit at the La Ronge Health Centre has eight beds available to assist clients (those who have no medical detox requirements) to safely complete their withdrawal from alcohol and drugs. Inpatient beds are provided for clients to attend group programming and one-to-one counselling. In 2011-12, there were 225 admissions to Detox beds, with an average wait time for admission of less than one week. The Detox unit operated at 95% capacity.

Mental Health services in La Ronge, Pinehouse, Creighton and Sandy Bay provide education, support and counselling to individuals, families, and groups, as well as advocacy and crisis intervention services for those experiencing issues with mental well-being. In addition to regular counseling services for children, we provide play therapy activities in La Ronge. The region also has a Kids First North (KFN) contract to deliver Mental Health and Addictions services to KFN families in La Ronge, Pinehouse and Sandy Bay. The Mamawetan Churchill River Health Region receives funding from the Ministry of Justice to deliver a Children Exposed to Violence program. This funding supports a half-time Social Work position to provide these services to residents of La Ronge and surrounding area.

Between April 1, 2011 and March 31, 2012, there were 457 active mental health clients. There were 50 new child and youth clients, and 116 new adult clients. Twenty-eight child and youth clients had their files re-opened and 78 adult clients had files re-opened.

The Scattered Site Community Support program under North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN) continues to offer a Drop-In Program. Staff continue to offer a hot lunch program in partnership with the Lac La Ronge Food Bank. The visiting professional program continues to expand the number of professionals who attend on site to deliver services. The program continues to work towards expanding outreach services, as well as developing transitional housing options for the community of La Ronge.

Therapies

Physiotherapy services are now provided by a two full-time physiotherapists, based in La Ronge. In 2011, a full-time Speech/Language Pathologist was hired to provide services in the region. As well, in a new initiative, an Autism Spectrum Disorders Consultant, with the assistance of a support worker and Centralized Services Team, responds to the needs of children and youth from 18 months to 19 years of age with a suspected or confirmed diagnosis of Autism Spectrum Disorders.

Telehealth

Telehealth is a means of delivering health care services and education through interactive video, audio and computer technologies. Telehealth enhances the ability to provide patient care, regardless of geographic location. Our region currently has four Telehealth sites: La Ronge, Pinehouse, Sandy Bay and Creighton. In 2011-12, 67 clinical patients were seen via Telehealth and 411 staff and community members attended education events, for a total of 1331 hours of learning.

Quality of Care

The Quality Improvement and Risk Management program is responsible for several areas that impact on the public. These include client concern handling, investigation of critical incidents, privacy and patient safety coordination. Clients who have concerns may contact the Quality of Care Coordinator through a toll-free number: 1-866-431-2422. In 2011-12, 29 client concerns were logged by the Quality of Care Coordinator, 21 of which were resolved within 30 days.

Preceptors (above) and mentors (left) help contribute to a qualified, professional health care workforce. In addition, staff participated in a leadership development program (right).

Progress in 2011-12

The Mamawetan Churchill River Health Region, through the implementation of its operational and strategic plan, continued to address the health care needs of its residents during 2011-12. This was achieved through the region's program activities, through the region's participation in a co-management partnership agreement with the two other northern health authorities, and through involvement in a number of intersectoral initiatives.

Highlights of progress towards selected targets in relation to the goals and initiatives of the strategic plan and those of Chief Executive Officer's Pay-for-Performance plan are presented in this report. As well, significant achievements in relation to the provision of health care services to the residents of the region are noted in the context of the pillars of the health care system.

ACCREDITATION CANADA
AGRÉMENT CANADA
Driving Quality Health Services
Mamawetan Churchill River Health Region
ACCREDITED
Congratulations on meeting national standards of excellence in quality care and service.
May 2011 to 2014
AGRÉÉ
Félicitations pour avoir atteint les normes d'excellence nationales en matière de qualité des soins et des services.
Mai 2011 à 2014

In 2011-12, the Mamawetan Churchill River Health Region was recognized by Accreditation Canada for its commitment to meeting national standards for safe, high quality health care. The organization awarded the region Accreditation status, with a condition to report on action taken to address unmet criteria.

As part of a three-year Accreditation cycle, five surveyors spent the week of May 29 to June 3, 2011 visiting health region facilities in Creighton, La Ronge, Pinehouse and Sandy Bay. The Accreditation process involved a comprehensive review of all services to ensure that the health region is not only meeting the required standards, but has embraced a culture of patient safety, ethics, continuous quality improvement and risk management. The region was evaluated on 1631 applicable criteria. Of those, 1503, or 92%, were met.

The surveyors commended the region for a number of successes including its responsible resource allocation, high level of integration with community partners and stakeholders, training and network of First Responders, client centred approach to substance abuse programming, and multi-disciplinary approach to prenatal education.

One area was identified as a leading practice. Under the leadership of the Senior Medical Officer, primary care physicians have developed a suite of tools for many clinical situations. Among them are excellent and comprehensive Perinatal Care Flow sheets for healthy and diabetic women. The flow sheets outline the best evidence-based care from preconception to the postpartum period, and can be used to guide prenatal care. They are well accepted by mothers and physicians alike and are simple to implement. Leading practices are innovative practices that are adaptable by other organizations.

Health of the Individual

Strategic Plan Goal 1.1
Improve the individual experience by providing exceptional care and service to customers that is consistent with both best practice and customer expectations.

Initiative:
Develop and implement a regional specific patient experience survey in partnership with the Health Quality Council.

Target: 75% of participants rate their patient experience as very good to excellent.

Results:
Provincially, paper surveys are mailed to patients by the Health Quality Council after they have been discharged to receive information on their perceptions of the care they have received during their hospital stay. In the Mamawetan Churchill River Health Region, however, the response rate was too low to be statistically significant. During 2011-12, the mailing of paper surveys was suspended and the region worked with the Health Quality Council to develop an alternative method of receiving feedback on the patient experience. A questionnaire was established, and between August, 2011 and January, 2012, members of the Leadership team, not the actual care-givers, met with patients about to be discharged from the La Ronge Health Centre and engaged them in a conversation about their care in hospital. While patients still had the option to decline, 41 of the 44 patients approached during this time, or 93% responded. Of those responding, on a scale of 0 to 10, no one indicated the care experience was below 5, and 84.5% indicated it was 7 or better (very good to excellent). Of the respondents, 12.8% indicated that their care experience was 10 (best possible hospital score). There was concern, however, that this personal, rather than anonymous approach, may have resulted in bias. The region and the Health Quality Council are reviewing the methodology.

It should be noted that the region remains committed to providing exceptional care and service to customers. New staff are oriented to the Customer Engagement and Service Expectations framework, and staff continue to be trained in "Service Best – Showing We Care". All levels in the organization are encouraged to document customer service concerns on an electronic "voice of the customer" log. This is reviewed by the Executive Team periodically, and steps are taken to address these concerns.

Initiated by the Board, discussions with focus groups in the communities of Pinehouse, Sandy Bay, Creighton and Ramsey Bay also provided valuable feedback that has led to an action plan.

To help address the needs of our diverse population, a data-base of volunteer interpreters is maintained. Currently, 14 languages are represented in that list, including American Sign Language and Signed English.

On the acute care ward of the La Ronge Health Centre, the Releasing Time to Care™ initiative made some significant beginning steps toward full implementation of improving the ward environment, to make it more organized and efficient. As in other facilities, this is expected to result in an enhanced patient experience.

Initiative:
Develop a plan to adopt patient- and family-centred care (PFCC) in the Mamawetan Churchill River Health Region over the next ten years.

Target: To develop a patient- and family-centred care implementation plan by March 31, 2012.

Results:
Two staff members from Pinehouse attended the Patient- and Family-centred Care Institute Conference in St. Louis, Missouri, in May, 2011. Using the provincial framework as a guide, the region developed a plan for implementing PFCC in the region. The plan was presented to the Board at the March, 2012 Board meeting and submitted to the Ministry of Health. For the next fiscal year, the emphasis is on educating staff on the principles of PFCC. The region's Quality as a Business Strategy Team, which includes patient representation, will be responsible for monitoring the progress on the plan.

Strategic Plan Goal 1.2
Achieve timely access to evidence based and quality health services and supports across the continuum of care including clients with complex needs.

Basic to Intermediate Air Medevac

When the dedicated basic to intermediate air medevac service was introduced in the region in 2010, it was clear that it would play an important role in improving the timeliness of patient transfers. In 2011-12, the provider, Transwest Air, transferred 341 patients in trips that originated in the Mamawetan Churchill River Health Region.

Referring Facility	Total # of Patients
Flin Flon Hospital	48
La Ronge Health Centre	39
Pelican Narrows	1
Points North	3
Pinehouse Health Centre	40
Sandy Bay Health Centre	67
Seabee Mine	1
Southend Clinic	25
Wollaston Lake Clinic	117

Initiative:
To implement at least one initiative to reduce the number of clients awaiting placement to long term care while in an acute care bed.

Target: To have 3.5% or less of the total acute care beds occupied by clients who have been assessed and approved for long term care (LTC) placement awaiting LTC placement by March 31, 2012.

Results:
Information is gathered on a quarterly basis on the clients in our acute care beds at the La Ronge Health Centre that have been assessed, approved and are awaiting long term care placement, but are not in a state requiring acute care.

Percent Acute Care Beds Occupied Waiting Placement, of All Acute Care Beds (26)

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
2010-11	**0%**	**7.7%**	**11.5%**	**3.8%**
2011-12	**3.3%**	**7.7%**	**6.7%**	**1.69%**

The percentage of clients on the acute care ward awaiting alternate care beds varies significantly in the La Ronge Health Centre due to our small numbers. Other factors that affect this number include the incidence of palliative care needs (such as cancer care, end-of-life chronic care, etc.), and health care events that impact lifestyle and may require planning, teaching, and other preparation in the home (such as strokes, accidents, etc.).

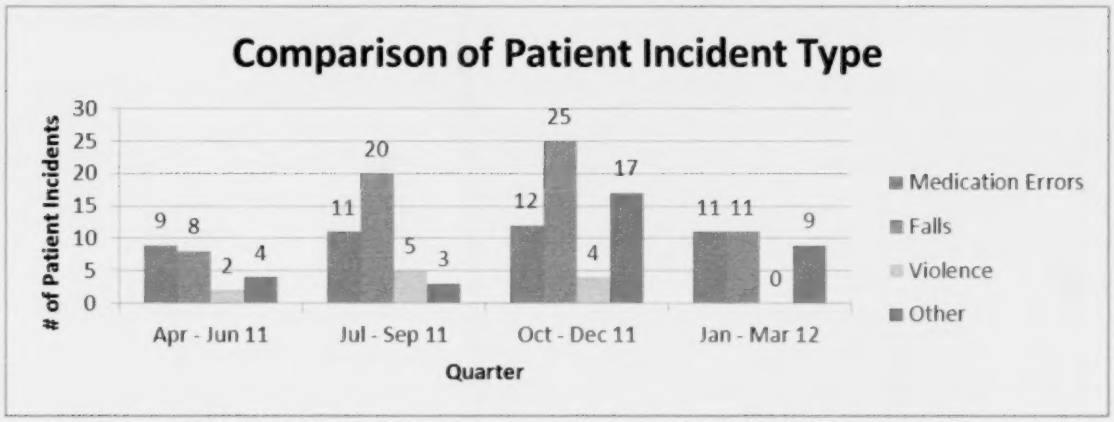
We have 14 long term care beds and two respite beds located in La Ronge. At the end of March, 2012 we had a waiting list of 32 clients. There are no other facilities within the region. Clients are reluctant to be placed in care facilities outside the region due to distance from family. The health region works with other health organizations such as the Lac La Ronge Indian Band Health Services to match residents with care available in their facilities.

Initiative:
To implement a plan for utilization of targeted home care and rehabilitation funding.

Results:
In 2011-12, the Ministry of Health provided $66,660 in funding from the Saskatchewan Surgical Initiative for the Mamawetan Churchill River Health Region. The region combined some of this funding with that of a vacant physiotherapy assistant position to allow for the hiring of a second physiotherapist who began work in January, 2012. It is expected that this will have a positive impact on patients recovering post-joint surgery and those with chronic pain and mobility issues. The funding that was directed to home care was used to enhance wound care services.

Strategic Plan Goal 1.3
Continuously improve health care safety in partnership with patients and families.

Improving health care safety is a priority for the region, and staff are encouraged to report incidents including medication errors, falls, violence and others, such as an unexpected change in client status, or breach of privacy. In 2011-12, 151 patient incidents were reported. The region has a process for review and corrective or preventative action.



Initiative:
To implement the Board-approved Infection Prevention and Control Plan.

Target: To have met compliance criteria for each Infection Control Required Organizational Practice (ROP), as evaluated by Accreditation Canada.

Results:
The region's Infection Control Committee was charged with meeting all the standards and and ROPs. The Accreditation Canada survey conducted in May, 2011 confirmed that this was accomplished, and there are no outstanding items. The region also set a goal of having 100% of staff complete an Infection Control Self-Study manual. As of the end of 2011-12, 207 employees, or 68% had completed it.

Initiative:
To implement the Board-approved Medication Reconciliation Plan.

Target: For admission to Acute or Long Term Care, to close the gap by 50% between the implementation of medication reconciliation at the end of March, 2011 and 100% by March 31, 2012.

Results:
Medication reconciliation has been implemented in Acute Care, Long Term Care, Mental Health and Addictions, including Detox. Accreditation Canada confirmed that the region met the standards for medication reconciliation on admission. Plans are currently underway to expand this to the discharge and transfer process, and to improve the quality of the documentation.

Health of the Population

Wellness Grants

Wellness Grants of up to $1,500 are available for community projects that engage youth and focus on one or more of the following health promotion pillars: mental well-being, decreased substance use and abuse, accessible nutritious foods, and active communities. These grants encourage community groups to view health in a wholistic way, and engage them in projects that are meaningful to them. An evaluation report ensures accountability. Following is a list of the organizations and projects that were awarded wellness grants in 2011-12:

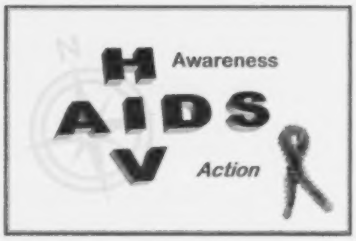
Project	Organization	Community	Pillar	Amount
Little Chefs Program and Community Breakfast	Pre Cam Community School	La Ronge	Accessible Nutritious Foods	$ 1500.00
Norbert Georget Tour School	Community Council-Minahik Waskahigan School	Pinehouse	Decreased Substance Use and Abuse	895.00
National Addiction Awareness Week	NAAW Committee-Pinehouse	Pinehouse	Decreased Substance Use and Abuse	500.00
The Good Food Box	Pinehouse Lake Wellness Centre	Pinehouse	Accessible Nutritious Foods	1396.85
La Ronge Gymnastics Club Development	La Ronge Gymnastics Club	La Ronge	Active Communities	1500.00
Sandy Bay Elders and Youth Cultural Awareness Event	Elders Committee and Metis Local #90	Sandy Bay	Mental Well-being	1050.00
Youth Wellness Gathering	Treaty Land Entitlement Committee	La Ronge	Mental Well-being	1500.00
LRMH Canada Day Street Hockey Tournament	La Ronge Minor Hockey	La Ronge	Active Communities	765.34
Life Skills Nutrition Training Program	Minahik Waskahigan School	Pinehouse	Accessible Nutritious Foods	1500.00
Community Kitchen	Gordon Denny Community School	Air Ronge	Accessible Nutritious Foods	1500.00
The 24th Annual La Ronge and Area Music Festival Association	The La Ronge and Area Music Festival	La Ronge	Decreased Substance Use and Abuse	200.00

Strategic Plan Goal 2.1
Improve population health through health promotion, protection and disease prevention.

To achieve this goal, the region collaborates with the Population Health Unit in a number of areas.

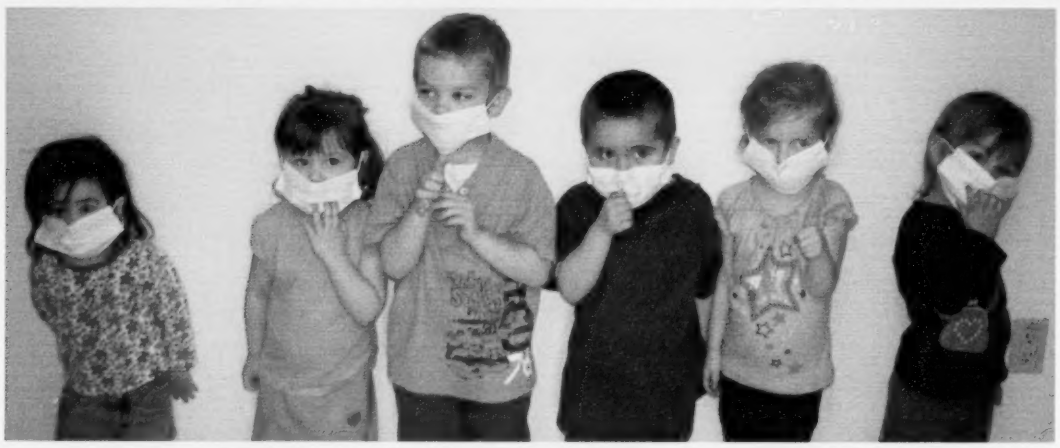
The Mamawetan Churchill River Health Region is using a staged approach to implement the **colorectal screening program**. The Saskatchewan Cancer Agency program is dedicated to the prevention and early detection of colorectal cancer, focusing on residents between the ages of 50 and 74. In some of the selected communities, the advanced fecal immunochemical test (FIT) kits were distributed by mail, and some were hand-delivered by local health care workers. By June, 2012, the program will be expanded to all communities, on and off-reserve, in the region.

With rising rates of HIV in northern Saskatchewan, the region participated in implementing key components of the **HIV strategy**, which focuses on increasing capacity on the front lines, and enhancing capability through training and engaging our communities to address HIV and AIDS prevention, education, treatment and awareness. In a gesture of service to the community, *The Northerner* newspaper in La Ronge has donated space for HIV and AIDS information on a regular basis.



As part of the implementation of the provincial comprehensive **Tobacco Reduction Strategy**, the Population Health Unit secured funding for a northern tobacco reduction initiative, *Journey to reduce tobacco usage rates among youth, pregnant women and young families in Northern Saskatchewan*, under the umbrella of the Northern Healthy Communities Partnership. This initiative will take place in 2012-13.

The Mamawetan Churchill River Health Region embraced the mandated "Enhanced Preventive Dental Services for Children at Risk" initiative in 2011-12 as part of the provincial **Oral Health Strategy**, including referral and follow-up services, fluoride varnish and dental sealants. The main focus is on disease prevention and health promotion and targeted services to pre- and post-natal mothers and preschool and school age children.



Initiative:
To implement the Board approved regional improvement plan for immunization rates, as measured by the Population Health Unit.

Target: To achieve the following immunization rates:
***2 year old Pertussis – 70%**
***Grade 6 Hepatitis B – 70%**
***Grade 6 HPV – 50%**
***Long Term Care Residents – Influenza- 100% of eligible residents**
***Health Care Workforce – Influenza – 60%**

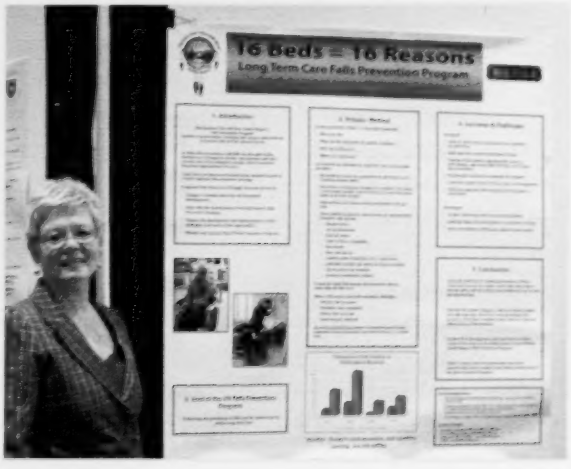
Results:
Currently, data is largely based on entries into the Saskatchewan Immunization Management System (SIMS). It must be noted that the system underestimates the immunization coverage rates in the Mamawetan Churchill River Health Region because records from First Nations communities are only included as they can be accessed.

Below is the achievement of immunizations rates in 2011-12:
2 year old Pertussis – 56.9%
Grade 6 Hepatitis B – 43.0%
Grade 6 HPV – Note: Three doses are required for complete immunization, however the delivery schedule did not always permit the three doses to be administered in the fiscal year. In 2011-12, 47% of eligible participants received at least one dose.
Long Term Care Residents – 100%
Health Care Workforce – 53.6%

Initiative:
Participate in the provincial injury prevention strategy.

Target: Reduce the number of Long Term Care residents who experience a fall by 20%.

Results:
The data for the number of discrete Long Term Care residents who experienced falls is obtained from a paper-based incident reporting system. In 2010-11, eight residents were reported as experiencing falls. In 2011-12, 15 residents were reported as experiencing falls. It is believed that this may be as a result of a staff education process regarding the importance of documenting and reporting incidents. The region is continuing with its falls prevention strategy which includes the completion of a risk assessment upon admission and transfer of information regarding falls at shift change reporting and staff meetings.



Initiative:
Continue implementation of the suicide prevention framework.

Target: To orient employees to the elements of the Suicide Prevention Framework and provide ASIST (Applied Suicide Intervention Skills Training) workshops to employees in all program areas.

Results:
New employees receive an overview of the Suicide Prevention Framework; the framework is available as an electronic document to all staff. In 2011-12, the region had three trainers qualified to present the ASIST program and two to present the SafeTalk program. In 2011-12, an additional 18 staff and members of stakeholder groups had attended workshops in ASIST in La Ronge. A SafeTalk program was held in Pinehouse.

Providers

Strategic Plan Goal 3.2
All levels of the organization work together to create a safe, supportive and quality workplace.

Initiatives
Improve scheduling process, attendance support and workplace safety to reduce wage driven and injury costs.

Target: To achieve a reduction in sick time hours to 79.90/FTE.

Results:
Sick leave hours are tracked by employee affiliation. While some decreased in 2011-12, others increased. Overall, the number of sick leave hours for the region was 88.35, an increase from the previous year. The region continues to address this issue through its Attendance Support Program and has established a Workplace Wellness Team that conducts employee health assessments and offers a variety of wellness activities.

Sick Leave Hours

Affiliation	Hours/FTE 2008-09	Hours/FTE 2009-10	Hours/FTE 2010-11	Hours/FTE 2011-12
Saskatchewan Government Employees Union (SGEU):	81.76	106.79	98.24	95.09
Health Sciences Association of Saskatchewan (HSAS):	77.41	97.98	79.18	92.42
Out of Scope (OOS):	52.49	95.79	54.53	79.37
Saskatchewan Union of Nurses (SUN):	71.94	61.24	71.05	70.98
Total	75.63	96.48	81.08	88.35

Target: To achieve a reduction in Wage-Driven Premium hours to 58.92/FTE.

Results:

Wage-driven premium hours (overtime)

Affiliation	Hours/FTE 2008-09	Hours/FTE 2009-10	Hours/FTE 2010-11	Hours/FTE 2011-12
Saskatchewan Government Employees Union (SGEU):	59.05	55.96	59.06	51
Health Sciences Association of Saskatchewan (HSAS):	0.16	4.33	7.35	2.22
Out of Scope (OOS):	0.00	0.00	0.10	0.00
Saskatchewan Union of Nurses (SUN):	204.7	285	224.62	266.68
Total	64.15	77.03	74.29	77.21

Wage-driven premium hours are also tracked by affiliation. Overall, the region increased the number of wage-driven premium hours to 77.21. While SGEU and HSAS achieved significant reductions, overtime for SUN employees increased from the previous year. The lack of a casual pool in La Ronge is a factor. In the two primary care clinics, vacancies and after hours call backs impact the figures for nurses.

Target: To achieve a 16.7% reduction in the number of WCB time lost claims.
To achieve a 5% reduction in the number of WCB time lost days per 100 FTEs.

Results:

The original targets cannot be reported on due to changes underway at the Workers' Compensation Board. Below is information for calendar, rather than fiscal, years, for the number of lost-time WCB claims per 100 FTEs only.

Workers' Compensation Board Claims

	2008	2009	2010	2011
Number of lost-time WCB claims per 100 FTEs	3.47	3.33	3.69	5.97

The number of WCB claims increased from the previous year. The vast geographical size and northern location of the region necessitates significant travel by road and air by employees in the course of fulfilling their duties. To reduce the number of travel-related injuries, the region is revising its travel policies to minimize risk.

Strategic Plan Goal 3.3
Develop a highly skilled, professional and diverse workforce with a sufficient number and mix of service providers.

Initiative:
To continue to implement the Board-approved Representative Workforce Strategy, including continuing to partner with First Nations and Métis communities and organizations to effectively attract, recruit, retain and promote First Nations and Métis employment and participation in the region.

Target: From a baseline of 32.45% at the end of March, 2010, to increase the percentage of all employees who self-identify as Aboriginal by 5% by March 31, 2012.

Results:
After a drop in the proportion of self-identified Aboriginal employees compared to the total number of employees in 2010-11, there was an increase in 2011-12, although short of the targeted 5% increase.

Aboriginal Representation in the Workforce

	2009-10	2010-11	2011-12
Number of self-identified Aboriginal employees compared to total number of employees	**98/302**	**95/304**	**106/304**
Proportion of self-identified Aboriginal employees compared to total number of employees	**32.45%**	**31.25%**	**34.87%**

One of the challenges in achieving a workforce that appears to be representative of the community is that the identification of employees as Aboriginal is entirely voluntary. Some individuals choose not to self-identify. It is worth noting that five of the additional Aboriginal employees in the figures above for 2011-12, are not new employees that were hired during the year, but existing employees who self-identified during the course of the year.

Sustainability

Strategic Plan Goal 4.1
Achieve best value for money while improving the patient experience and population health.

Initiative:
Work collaboratively with RHAs/SCA, and other stakeholders to capture cost savings by implementing shared services and procurement initiatives.

Results:
Health Shared Services Saskatchewan (3sHealth) was formally established in 2011 to collaborate with the health regions and the Saskatchewan Cancer Agency (SCA) in identifying and implementing selected administrative and clinical support services that could be delivered in a shared services model. By sharing specific functions, the health regions and SCA expect to improve the quality of services provided, lower costs and redirect resources to patient care. The need to achieve efficiencies was identified in the Patient First Review Report in 2009, and directed by Government in the years since.

Broad objectives of 3sHealth, in partnership with the health regions and SCA, include creating enhanced value to the health system, improving service quality and lowering the cost curve. Key achievements for 2011-2012 include:

- Establishing 3sHealth, appointing the CEO, and developing the governance structure to direct the strategic and operational objectives. Shared services delivered by the Saskatchewan Association of Health Organizations (SAHO) were assumed by 3sHealth.
- Leveraging additional group purchasing contracts to increase buying power with provincial and national procurement contracts for clinical supplies, resulting in provincial savings of over $7 million in the past year.
- Automation of purchasing functions through the implementation of software to standardize product lists, track contract pricing or inventory requirements, and reconcile invoices to purchase orders expecting to save $5 million in the first full year.
- Enhancements to human resource business processes to standardize procedures and enable employees through the implementation of electronic functionality, saving printing and paper costs, and increasing accuracy of information.
- Initiation of work to develop a provincial laundry strategy to enhance quality and infection control standards, achieve efficiencies and secure safe working conditions. It is expected that a solution will be announced later in 2012.

Work focused on group purchasing, automating human resource business processes and a provincial laundry solution will continue in 2012. Additional opportunities for shared services will be analyzed and strategies implemented with a view to achieving a five year target of $100 million in provincial savings.

Strategic Plan Goal 4.2
Strategically invest in facilities, equipment and information infrastructure to effectively support operations.

Initiative:
Prepare and submit a business case for a long term care facility.
Prepare and submit letters of interest for capital infrastructure funding per regional infrastructure priorities as opportunities arise.

Results:
A business case for new long term care facility was prepared and submitted to the Ministry of Health in June, 2011. With a waiting list of 32 individuals, and only one long term care placement in the past fiscal year, there is clearly a need for more long term care spaces.

At the La Ronge Health Centre, the conversion from propane to natural gas took place in October, 2011. It is anticipated this will result in significant savings in heating costs in future years.

In June, 2011, the health region and Northern Medical Services entered into an agreement that allowed the La Ronge Medical Clinic to utilize technology resources from the Health Region. The two phone systems are connected together and also allow for redundancies. Mamawetan Churchill River Health Region Information Systems staff provide support to the medical clinic to help deploy equipment and resolve computer support issues that cannot be resolved by eHealth Saskatchewan.

Supporting Processes

Strategic Plan Goal 5.2
Achieve system-wide performance improvement and culture of quality through the adoption of Lean and other quality improvement methodologies.

Initiative:
Continue to implement Lean across the care continuum.

Results:
In 2011-12, the region focused its quality improvement efforts in aligning itself with the provincial strategy deployment process. It is committed to participating fully in the Lean Leadership Training that will take place in 2012-13.

Strategic Plan Goal 5.3
Leverage technology to achieve improvements in patient care and system performance.

Initiative:
Participate in the Ministry-led development of a long-term strategy related to implementation of e-Health initiatives including all facets of the provincial electronic health record.

Results:
A new laboratory information system called Softlab was implemented at the La Ronge Health Centre. This greatly improves the time it takes to get urgent laboratory results back to the ordering physicians. It also helps collate all the patients' information in one place.

Initiative:
To develop and submit a business case to expand ultrasound service.

Results:
A business case to enhance ultrasound capacity at the La Ronge Health Centre by increasing the number of sonographers has been submitted to the Ministry of Health. The goal is to increase the capacity for ultrasound and provide more timely service and reducing the need to travel to other centres.

Management Report

Mamawetan Churchill River Health Region

"Working together in wellness to promote, enhance and maintain quality of life."

May 31, 2012

MAMAWETAN CHURCHILL RIVER HEALTH REGION
REPORT OF MANAGEMENT

The accompanying financial statements are the responsibility of management and are approved by the Mamawetan Churchill River Regional Health Authority. The financial statements have been prepared in accordance with Canadian Generally Accepted Accounting Principles and the Financial Reporting Guide issued by Saskatchewan Health, and of necessity include amounts based on estimates and judgments. The financial information presented in the annual report is consistent with the financial statements.

Management maintains appropriate systems of internal control, including policies and procedures, which provide reasonable assurance that the Region's assets are safeguarded and the financial records are relevant and reliable.

The Authority delegates the responsibility of reviewing the financial statements and overseeing Management's performance in financial reporting to the Audit and Finance Committee. The Audit and Finance Committee meets with the Authority, Management and the external auditors to discuss and review financial matters and recommends the financial statements to the Authority for approval. The Authority approves the annual report and, with the recommendation of the Audit and Finance Committee, approves the financial statements.

The appointed auditor conducts an independent audit of the financial statements and has full and open access to the Audit and Finance Committee. The auditor's report expresses an opinion on the fairness of the financial statements prepared by Management.

Andrew McLetchie
Chief Executive Officer

Kevin Blechinger, CGA
Chief Financial Officer

www.mcrrha.sk.ca

2011-12 Financial Overview

The Mamawetan Churchill River Health Region is responsible for the management of financial resources as well as health care services. In 2011-12 the Mamawetan Churchill River Health Region ended the year with an operating surplus of $657,642. Actual revenues of $28,229,752 were slightly less than the budgeted revenues of $28,260,210. Of those revenues the Ministry of Health provided 82% and other provincial revenue was 10% of the year's total.

Each year, the region presents a balanced operating budget to the Board for approval. Once the budget is approved it is forwarded to the Ministry of Health for their review. Management reports operating results and explains variances to make sure that the proper corrective actions are taken to keep programs on budget.

For the 2011-12 year, the total operating expenses were $27,572,110, which was $688,100 less than the budget of $28,260,210. Following is an analysis of the main programs impacting operating expenses:

Program	Budget Expenses	Actual Expenses	variance Over Budget / (Under Budget)	Variance % of Budget
Inpatient & resident services	$ 4,189,001	$ 4,294,643	$ 105,643	2.5%
Diagnostic & therapeutic services	1,869,004	1,700,620	(168,384)	-9.0%
Community health services	15,014,689	14,413,698	(600,991)	-4.0%
Total	$ 21,072,694	$ 20,408,961	$ (663,733)	-3.1%

The variance in inpatient and resident services is mainly due to the variance in acute care. The main reason for this overage is the lack of relief staff to cover vacancies that occur throughout the year. This results in staff being paid at overtime rates to cover vacancies. Diagnostic and therapeutic services as well as community health services are both under budget, mainly as a result of vacancies in positions that occurred throughout the year. As vacancies occur, it can take time to recruit those positions, which means reduced wages as well as other expenses related to those positions, such as travel and supplies.

During the 2011-12 year, the region entered into a loan agreement to fund the installation of natural gas at the La Ronge Health Centre. At March 31, 2012, the balance owing was $292,053.

The Board invested $441,134 of the 2011-12 surplus in the capital fund; this will aid with future capital requirements of the region.

Audited Financial Statements

MAMAWETAN CHURCHILL RIVER

REGIONAL HEALTH AUTHORITY

FINANCIAL STATEMENTS

FOR THE YEAR ENDED MARCH 31, 2012

Deloitte

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INDEPENDENT AUDITOR'S REPORT

TO THE AUDIT AND FINANCE COMMITTEE OF THE MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

We have audited the accompanying financial statements of Mamawetan Churchill River Regional Health Authority which comprise the statement of financial position as at March 31, 2012 and the statement of operations and changes in fund balances and cash flow for the year then ended, and a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with Canadian generally accepted accounting principles, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of Mamawetan Churchill River Regional Health Authority as at March 31, 2012, and the results of its operations and its cash flows for the year then ended in accordance with Canadian generally accepted accounting principles.

Deloitte & Touche LLP

Chartered Accountants

May 31, 2012
Prince Albert, Saskatchewan

Statement 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF FINANCIAL POSITION
As at March 31, 2012

	Restricted Funds				
	Operating Fund	Capital Fund	Community Trust Fund	Total 2012	Total 2011
ASSETS			(Note 15)		(Note 19)
Current assets					
Cash and short-term investments	$ 3,093,260	$ 928,795	$ 21,219	$ 4,043,274	$ 4,645,348
Accounts receivable					
Other	996,003	85,012	-	1,081,015	710,290
Inventory	179,504	-	-	179,504	167,111
Prepaid expenses	154,873	-	-	154,873	182,525
	4,423,640	1,013,807	21,219	5,458,666	5,705,274
Capital assets (Note 3)	-	9,614,287	-	9,614,287	9,489,455
Total Assets	$ 4,423,640	$ 10,628,094	$ 21,219	$ 15,072,953	$ 15,194,729
LIABILITIES & FUND BALANCES					
Current liabilities					
Accounts payable	$ 984,002	$ 126,756	$ -	$ 1,110,758	$ 815,887
Accrued salaries	353,111	-	-	353,111	1,112,586
Vacation payable	1,147,367	-	-	1,147,367	1,025,117
Bank loan payable – Current (Note 5)	-	96,454	-	96,454	-
Deferred revenue (Note 6)	1,792,116	-	-	1,792,116	2,025,657
	4,276,596	223,210	-	4,499,806	4,979,247
Long term liabilities					
Bank loan payable (Note 5)	-	195,599	-	195,599	-
Total Liabilities	4,276,596	418,809	-	4,695,405	4,979,247
Fund Balances:					
Invested in capital assets	-	9,322,234	-	9,322,234	9,489,455
Externally restricted (Schedule 3)	-	234,990	21,219	256,209	327,791
Internally restricted (Schedule 4)	-	652,061	-	652,061	398,236
Unrestricted	147,044		-	147,044	-
Fund balances – (Statement 2)	147,044	10,209,285	21,219	10,377,548	10,215,482
Total Liabilities & Fund Balances	$ 4,423,640	$ 10,628,094	$ 21,219	$ 15,072,953	$ 15,194,729

Commitments (Note 4)
Pension plan (Note 11)

Approved by the Board of Directors:

The accompanying notes and schedules are part of these financial statements.

Statement 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF OPERATIONS AND CHANGES IN FUND BALANCES
For the Year Ended March 31, 2012

	Operating Fund			Restricted Funds			
	Budget 2012 (Unaudited)	2012	2011 (Note 19)	Capital Fund 2012	Community Trust Fund 2012	Total 2012	Total 2011 (Note 19)
REVENUES							
Ministry of Health - general	$ 23,901,000	$ 23,222,356	$ 23,953,033	$ 67,000	$ -	$ 67,000	$ 140,000
Other provincial	2,400,167	2,923,966	1,096,654	-	-	-	-
Federal government	60,600	100,684	369,901	-	-	-	-
Patient & client fees	381,500	406,090	353,190	-	-	-	-
Out of province (reciprocal)	40,000	45,347	38,151	-	-	-	-
Out of country	2,000	1,916	1,735	-	-	-	-
Donations	-	-	588	11,245	1,456	12,701	6,661
Ancillary	91,800	111,783	126,042	-	-	-	-
Investment	30,000	42,577	35,429	4,480	13	4,493	4,498
Recoveries	840,776	879,089	822,116	-	-	-	-
Other	512,367	495,944	379,077	7,852	-	7,852	204
Total revenues	28,260,210	28,229,752	27,175,916	90,577	1,469	92,046	151,363
EXPENSES							
Inpatient & resident services							
Nursing Administration	150,901	115,872	153,741	-	-	-	-
Acute	3,378,508	3,529,428	3,197,358	531,370	-	531,370	509,261
Supportive	659,592	649,343	684,738	11,699	-	11,699	12,261
Total inpatient & resident services	4,189,001	4,294,643	4,035,837	543,069	-	543,069	521,522
Physician compensation	1,248,745	1,221,134	1,136,641	-	-	-	-
Ambulatory care services	-	-	41,128	-	-	-	-
Diagnostic & therapeutic services	1,869,004	1,700,620	1,586,655	-	-	-	-
Community health services							
Primary health care	3,156,752	3,204,039	3,070,923	-	-	-	-
Home care	1,515,802	1,704,412	1,588,937	-	-	-	-
Mental health & addictions	3,600,110	3,245,177	3,287,587	16,477	-	16,477	16,082
Population health	5,043,845	4,454,403	4,358,252	-	-	-	-
Emergency response services	1,145,301	1,301,050	1,055,786	-	-	-	96,620
Other community services	552,879	504,617	995,604	-	-	-	-
Total community health services	15,014,689	14,413,698	14,357,089	16,477	-	16,477	112,702
Support services							
Program support	3,057,700	3,008,330	2,751,205	27,908	-	27,908	63,756
Operational support	2,867,742	2,918,570	2,666,010	-	-	-	-
Other support	-	3,098	26,363	-	-	-	-
Total support services	5,925,442	5,929,998	5,443,578	27,908	-	27,908	63,756
Ancillary	13,329	12,017	12,188	-	167	167	1,909
Total expenses (Schedule 1)	28,260,210	27,572,110	26,613,116	587,455	167	587,621	699,889
Excess (deficiency) of revenues over expenses	$ -	657,642	562,800	(496,878)	1,302	(495,575)	(548,526)
Interfund transfers (Note 10)		(510,598)	(259,062)	510,598	-	510,598	259,062
Increase (decrease) in fund balances		147,044	303,738	13,720	1,302	15,023	(289,464)
Fund balances, beginning of year		-	(303,738)	10,195,565	19,917	10,215,482	10,504,946
Fund balances, end of year		$ 147,044	$ -	$ 10,209,285	$ 21,219	$ 10,230,505	$ 10,215,482

The accompanying notes and schedules are part of these financial statements.

Statement 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
STATEMENT OF CASH FLOW
For the Year Ended March 31, 2012

	Operating Fund		Restricted Funds			
	2012	2011 (Note 19)	Capital Fund	Community Trust Fund	Total 2012	Total 2011 (Note 19)
Cash Provided by (used in):	**Operating Activities**		**Financing and Investing Activities**			
Excess (deficiency) of revenue over expenses	$ 657,642	$ 562,800	$ (496,878)	$ 1,302	$ (495,576)	$ (548,526)
Net change in non-cash working capital (Note 7)	(1,099,747)	298,877	460,439	-	460,439	(33,772)
Amortization of capital assets	-	-	549,225	-	549,225	536,064
	(442,105)	861,677	512,786	1,302	514,088	(46,234)
Purchase of capital assets						
Buildings/construction	-	-	(361,589)	-	(361,589)	-
Equipment	-	-	(312,468)	-	(312,468)	(248,206)
	-	-	(674,057)	-	(674,057)	(248,206)
Net increase (decrease) in cash & short term investments during the year	(442,105)	861,677	(161,271)	1,302	(159,969)	(294,440)
Cash & short term investments, beginning of year	4,045,963	3,443,348	579,468	19,917	599,385	634,763
Interfund Transfers (Note 10)	(510,598)	(259,062)	510,598	-	510,598	259,062
Cash & short term investments, end of year (Schedule 2)	$ 3,093,260	$ 4,045,963	$ 928,795	$ 21,219	$ 950,014	$ 599,385

The accompanying notes and schedules are part of these financial statements.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

1. Legislative Authority

The Mamawetan Churchill River Regional Health Authority (RHA) operates under *The Regional Health Services Act* (The Act) and is responsible for the planning, organization, delivery, and evaluation of health services it is to provide within the geographic area known as the Mamawetan Churchill River Health Region, under section 27 of *The Act.* The RHA is a non-profit organization and is not subject to income and property taxes from the federal, provincial, and municipal levels of government. The RHA is a registered charity under the *Income Tax Act* of Canada.

2. Significant Accounting Policies

These financial statements are prepared in accordance with Canadian Generally Accepted Accounting Principles and include the following significant accounting policies.

a) Health Care Organizations

i) The RHA has agreements with and grants funding to the following prescribed Health Care Organization (HCOs) and third parties to provide health services.

Creighton Alcohol and Drug Abuse Council Inc.
La Ronge Emergency Medical Services
Nor-Man Regional Health Authority
Northern Saskatchewan Special Needs Housing, Employment, Recreation Inc.
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.

Note 9 b) i) provides disclosure of payments to prescribed HCOs and third parties.

b) Fund Accounting

The accounts of the RHA are maintained in accordance with the restricted fund method of accounting for revenue. For financial reporting purposes, accounts with similar characteristics have been combined into the following major funds:

i) Operating Fund

The operating fund reflects the primary operations of the RHA including revenues received for provision of health services from Saskatchewan Health - General Revenue Fund, and billings to patients, clients, the federal government and other agencies for patient and client services. Other revenue consists of donations, recoveries, and ancillary revenue. Expenses are for the delivery of health services.

ii) Capital Fund

The capital fund is a restricted fund that reflects the equity of the RHA in capital assets after taking into consideration any associated long-term debt. The capital fund includes revenues received from Saskatchewan Health - General Revenue Fund designated for construction of capital projects and/or the acquisition of capital assets. The capital fund also includes donations designated for capital purposes by the contributor. Expenses consist primarily of amortization of capital assets.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

2. Significant Accounting Policies – (continued)

iii) Community Trust Fund

The community trust fund is a restricted fund that reflects community generated assets transferred to the RHA in accordance with the pre-amalgamation agreements signed with the amalgamating health corporations. The assets include cash and investments initially accumulated by the health corporations in the RHA from donations or municipal tax levies. These assets are accounted for separately and use of the assets is subject to restrictions set out in pre-amalgamation agreements between the RHA and the health corporations.

c) Revenue

Unrestricted contributions are recognized as revenue in the Operating Fund in the year received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured.

Restricted contributions related to general operations are recorded as deferred revenue and recognized as revenue of the Operating Fund in the year in which the related expenses are incurred. All other restricted contributions are recognized as revenue of the appropriate restricted fund in the year.

d) Capital Assets

Capital assets are recorded at cost. Normal maintenance and repairs are expensed as incurred. Capital assets, with a life exceeding one year, are amortized on a straight-line basis over their estimated useful lives as follows:

Buildings	$2^1/_2$ % and 10%
Equipment	5% to 20%

Donated capital assets are recorded at their fair value at the date of contribution (if fair value can be reasonably determined).

e) Inventory

Inventory consists of general stores, pharmacy, laboratory, linen, and other. All inventories are held at the lower of cost or net realizable value as determined on the first in, first out basis.

f) Pension

Employees of the RHA participate in several multiemployer defined benefit pension plans or a defined contribution plan. The RHA follows defined contribution plan accounting for its participation in the plans. Accordingly, the RHA expenses all contributions it is required to make in the year.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

2. Significant Accounting Policies – (continued)

g) Measurement Uncertainty

These financial statements have been prepared by management in accordance with Canadian Generally Accepted Accounting Principles. In the preparation of financial statements, management makes various estimates and assumptions in determining the reported amounts of assets and liabilities, revenues and expenses and in the disclosure of commitments and contingencies. Changes in estimates and assumptions will occur based on the passage of time and the occurrence of certain future events. The changes will be reported in earnings in the period in which they become known.

h) Financial Instruments

The RHA has classified its financial instruments into one of the following categories: held-for-trading, loans and receivables, or other liabilities.

All financial instruments are measured at fair value upon initial recognition. The fair value of a financial instrument is the amount at which the financial instrument could be exchanged in an arm's-length transaction between knowledgeable and willing parties under no compulsion to act. Subsequent to initial recognition, held-for-trading instruments are recorded at fair value with changes in fair value recognized in income. Loans and receivables and other liabilities are subsequently recorded at amortized cost. The classifications of the RHA's significant financial instruments are as follows:

- Cash and short-term investments are classified as held-for-trading.
- Accounts receivable are classified as loans and receivables.
- Accounts payable, accrued salaries and vacation payable are classified as other liabilities
- Long-term debt is classified as other liabilities. The related debt premium or discount and issue costs are included in the carrying value of the long-term debt and are amortized into interest expense using the effective interest rate method.

As at March 31, 2012 (2011 – none), the RHA does not have any outstanding contracts or financial instruments with embedded derivatives.

The RHA is exposed to financial risks as a result of financial instruments. The primary risks the RHA may be exposed to are:

- Price risks which include: Currency risk – affected by changes in foreign exchange rates; Interest rate risk – affected by changes in market interest rates; and Market risk – affected by changes in market prices, whether those changes are caused by factors specific to the individual instrument of the issuer or factors affecting all instruments traded in the market.
- Credit risk is the risk that one party to a financial instrument will fail to discharge an obligation and cause the other party to incur a financial loss.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

2. Significant Accounting Policies – (continued)

- Liquidity risk is the risk that an entity will encounter difficulty in raising funds to meet commitments associated with financial instruments. This may result from an inability to sell a financial asset quickly at close to its fair value.
- Cash flow risk is the risk that future cash flows associated with a monetary financial instrument will fluctuate in amount.

The RHA has policies and procedures in place to mitigate these risks.

3. Capital Assets

	March 31, 2012			March 31, 2011
	Cost	**Accumulated Amortization**	**Net Book Value**	**Net Book Value**
Land	$ 407,572	$ -	$ 407,572	$ 407,572
Buildings	13,437,418	5,298,661	8,138,757	8,165,011
Equipment	4,044,527	2,976,569	1,067,958	916,872
	$ 17,889,517	$ 8,275,230	$ 9,614,287	$ 9,489,455

4. Commitments

a) Operating Leases

Minimum annual payments under operating leases on property and equipment over the next five years are as follows:

2013	$ 79,371
2014	56,336
2015	45,683
2016	13,725
Thereafter	nil

b) Contracted Health Care Organizations

The RHA continues to contract on an ongoing basis with private health service operators to provide health services in the RHA similar to those provided in the year ending March 31, 2012. Note 9 b) provides supplementary information on Health Care Organizations.

c) Air Medevac Contract

The Mamawetan Churchill River Regional Health Authority has entered into a contract with Transwest Air for supply of Air Medevac services. The contract is in place for the period June 1, 2010 to March 31, 2015. The RHA has committed to pay a monthly retainer of $26,500 plus GST for the provision of these services.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

5. Bank Loan Payable

The RHA entered into a loan agreement with the Canadian Imperial Bank of Commerce to fund the installation of natural gas at the La Ronge Health Centre. The balance owing at March 31st 2012 was $292,053 (2011, $0). The loan bears an interest rate of 3.89%. The terms of the loan require monthly principal and interest payments of $8,842.52 and it matures in February 2015.

Principal repayments required in each of the next three years are estimated as follows:

2013	$ 96,454
2014	100,274
2015	95,325

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

6. Deferred Revenue

	Balance Beginning of Year (Note 19)	Less Amount Recognized	Add Amount Received	Balance End of Year
Sask Health Initiatives				
Ministry of Health – General Revenue Fund				
Population Health (PHU)	$ 452,224	$ 107,627	$ 38,786	$ 383,383
Northern Healthy Community Partnerships	154,978	-	11,054	166,032
Autism	66,285	-	-	66,285
Children Mental Health	16,457	1,243	-	15,214
Health Workforce Retention Program	1,727	-	-	1,727
Infant Mortality	88,661	88,661	-	-
Injection Drug Use Strategy	16,309	-	-	16,309
Integrated Case Management	1,399	1,399	-	-
Needle Exchange PHU	23,565	8,151	-	15,414
Northern Health Strategy	75,000	75,000	-	-
Organizational Development	61,890	35,141	-	26,749
Registered Nurse/Nurse Practitioner Primary Care Education	100,579	61,687	-	38,892
SK Surgical Initiatives	66,600	66,600	-	-
Institute for Patient Family-Centred Care Training Funding	10,000	10,000	-	-
Tuberculosis Outbreak	65,183	20,851	-	44,332
Health Career Promotion	10,859	-	6,762	17,621
Representative Workforce	4,853	4,853	14,067	14,067
Quality Workplaces	7,713	4,156	-	3,557
Workforce Planning	12,046	2,116	3,357	13,287
HIV Communicable Disease	-	-	167,391	167,391
Tobacco Reduction Strategy	-	-	250,000	250,000
Ministry of Health	-	-	4,065	4,065
Enhanced Preventative Dental	-	-	26,045	26,045
Total Ministry of Health	**$1,236,328**	**$487,485**	**$521,527**	**$1,270,370**

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

6. Deferred Revenue – (continued)

	Balance Beginning of Year	Less Amount Recognized	Add Amount Received	Balance End of Year
Non Sask Health Initiatives				
Health Quality Council	$ 30,000	$ 3,250	$ -	$ 26,750
Acquired Brain Injury	14,943	-	2,072	17,015
Kids First North Mental Health	-	-	4,287	4,287
Chronic Disease Nurse	7,131	841	-	6,290
Kids First North Screening	25,580	21,052	-	4,528
Lean	58,802	47	-	58,755
Northern Health Strategy	92,314	76,560	10,000	25,754
Northern Regional Intersectoral Committee	229,206	99,838	-	129,368
SRNA Quality Workplace Program Agreement	8,279	-	-	8,279
SUN Recruitment and Retention	121,901	79,371	-	42,530
Uranium Monitoring	195,411	28,689	-	166,722
Victim Services	5,762	5,621	-	141
Enhanced Preventative Dental	-	-	31,327	31,327
Total Non Ministry of Health	**$ 789,329**	**$ 315,269**	**$ 47,686**	**$ 521,746**
Total Deferred Revenue	**$2,025,657**	**$ 802,754**	**$569,213**	**$1,792,116**

7. Net Change in Non-cash Working Capital

	Operating Fund		Restricted Funds			
	2012	2011	Capital Fund	Community Trust Fund	Total 2012	Total 2011
(Increase) Decrease in accounts receivable	$ (417,784)	$163,005	$ 47,059	$ -	$ 47,059	$ 26,918
(Increase) Decrease in inventory	(12,393)	23,169	-	-	-	-
(Increase) Decrease in prepaid expenses	27,652	(69,379)	-	-	-	-
Increase (Decrease) in accounts payable	173,544	(107,315)	121,327	-	121,327	(60,690)
Increase (Decrease) in accrued salaries	(759,475)	139,677	-	-	-	-
Increase (Decrease) in vacation payable	122,250	102,117	-	-	-	-
Increase (Decrease) in bank loan payable	-	-	292,053		292,053	
Increase (Decrease) in deferred revenue	(233,541)	47,603	-	-	-	-
	$ (1,099,747)	$298,877	$460,439	$ -	$460,439	$ (33,772)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

8. Patient and Resident Trust Accounts

The RHA administers funds held in trust for patients and residents using the RHA's facilities. The funds are held in separate accounts for the patients or residents at each facility. The total cash held in trust as at March 31, 2012 was $36,184 (2011 - $34,535). These amounts are not reflected in the financial statements.

9. Related Parties

These financial statements include transactions with related parties. The RHA is related to all Saskatchewan Crown Agencies such as ministries, corporations, boards, and commissions under the common control of the Government of Saskatchewan. The RHA is also related to non-Crown enterprises that the Government jointly controls or significantly influences. In addition, the RHA is related to other non-Government organizations by virtue of its economic interest in these organizations.

a) Related Party Transactions

Transactions with these related parties are in the normal course of operations. Amounts due to or from and the recorded amounts of the transactions resulting from these transactions are included in the financial statements at exchange amounts which approximate prevailing market rates charged by those organizations and are settled on normal trade terms.

	2012	2011
Revenues		
Saskatchewan Government Insurance	$ 38,322	$ 76,654
Northern Medical Services	574,352	497,700
Other RHAs	302,319	297,329
Other	187,824	457,563
	$ 1,102,817	$ 1,329,246

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

9. Related Parties – (continued)

Expenditures	**2012**	**2011**
Saskatchewan Association of Health Organizations	$ 808,535	$ 722,341
Ministry of Governments Services	655,869	578,625
Worker's Compensation Board	307,809	189,079
North Sask Laundry & Support Services Ltd.	171,262	194,813
Saskatchewan Telecommunications	252,475	203,195
Public Employees Superannuation Plan	163,436	144,669
Public Service Superannuation Plan	7,756	27,412
Saskatchewan Healthcare Employee's Pension Plan	2,010,745	1,679,281
Saskatchewan Power Corporation	119,805	123,264
Saskatchewan Energy Corporation	304,307	-
Other RHA's	246,404	220,139
eHealth Saskatchewan	42,006	24,827
Northlands College	425,000	1,724
Other	46,680	31,029
	$ 5,562,089	$ 4,140,398
Accounts Receivable		
Other RHA's	$ 473,891	$ 129,368
Northern Medical Services	574,097	108,945
Other	14,653	64,738
	$ 1,062,641	$ 303,051
Prepaid Expenditures		
Workers Compensation	$ 49,833	$ 44,295
Saskatchewan Association of Health Organizations	-	30,570
	$ 49,833	$ 74,865
Accounts Payable		
Saskatchewan Property Management Corporation	$ 54,926	$ 32,657
Saskatchewan Association of Health Organizations	49,381	28,483
Saskatchewan Health care Employee's Pension Plan	140,529	128,606
Saskatchewan Workers Compensation Board	108,153	-
Northlands College	73,145	17,500
	$ 426,134	$ 207,246

*only amounts greater than $20,000 are listed in this table

In addition, the RHA pays Provincial Sales Tax to the Saskatchewan Ministry of Finance on all its taxable purchases. Taxes paid are recorded as part of the cost of those purchases.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

9. Related Parties – (continued)

b) Health Care Organizations

i) Prescribed Health Care Organization (HCOs) and Third Parties

The RHA has also entered into agreements with prescribed HCOs and Third Parties to provide health services.

These organizations receive operating funding from the RHA on a monthly basis in accordance with budget amounts approved annually. During the year, the RHA provided the following amounts to prescribed HCOs and Third Parties:

	2012	2011 (Note 19)
Creighton Alcohol and Drug Abuse Council Inc.	$ 167,000	$ 162,663
La Ronge Emergency Medical Services	778,940	632,674
Nor-Man Regional Health Authority	45,000	36,768
Northern Saskatchewan Special Needs Housing, Employment, Recreaton Inc.	202,238	191,530
Pelican Narrows Ambulance Service 617500 Saskatchewan Ltd.	83,289	63,790
	$ 1,276,467	$ 1,087,425

10. Interfund Transfers

Each year the RHA transfers amounts between its funds for various purposes. These include funding capital asset purchases and reassigning fund balances to support certain activities.

	2012			2011		
	Operating Fund	Capital Fund	Community Trust Fund	Operating Fund	Capital Fund	Community Trust Fund
Other	$ (510,598)	$ 510,598	$ -	$ (259,062)	$ 259,062	$ -

11. Pension Plan

Employees of the RHA participate in one of the following pension plans:

1. Saskatchewan Healthcare Employees' Pension Plan (SHEPP) - This is jointly governed by a board of eight trustees. Four of the trustees are appointed by the Saskatchewan Association of Health Organizations (SAHO) (a related party) and four of the trustees are appointed by Saskatchewan's health care unions (CUPE, SUN, SEIU, SGEU, RWDSU, and HSAS). SHEPP is a multiemployer defined benefit plan, which came into effect December 31, 2002. (Prior to December 31, 2002, this plan was formerly the SAHO Retirement Plan and governed by the SAHO Board of Directors).

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

11. Pension Plan – (continued)

2. Public Service Superannuation Plan (PSSP) (a related party) - This is also a defined benefit plan and is the responsibility of the Province of Saskatchewan.

3. Public Employees' Pension Plan (PEPP) (a related party) - This is a defined contribution plan and is the responsibility of the Province of Saskatchewan.

The RHA's financial obligation to these plans is limited to making required payments to these plans according to their applicable agreements. Pension expense is included in Compensation – Benefits in Schedule 1 and is equal to the RHA contributions amount below.

	2012				2011
	SHEPP[1]	PSSP	PEPP	Total	Total
Number of active members	226	0	13	239	242
Member contribution rate, percentage of salary	7.7%-10.0%*	7.0%-9.0%*	6.0%-7.7%*		
RHA contribution rate, percentage of salary	8.6%-11.2%	28.6%-36.2%*	6.0%-8.6%*		
Member contributions (thousands of dollars)	888	1	68	957	859
RHA contributions (thousands of dollars)	994	5	77	1,076	962

* Contribution rate varies based on employee group.

1. Active members are employees of the RHA, including those on leave of absense as of March 24, 2012. Inactive members are not reported by the RHA, their plans are transferred to SHEPP and managed directly by them.

12. Budget

The RHA Board approved the 2012 budget plan on June 3, 2011.

13. Financial Instruments

a) Significant terms and conditions

There are no significant terms and conditions related to financial instruments classified as current assets or current liabilities that may affect the amount, timing, and certainty of future cash flows. Significant terms and conditions for the other financial instruments are disclosed separately in these financial statements.

b) Credit risk

The RHA is exposed to credit risk from the potential non-payment of accounts receivable. The majority of the RHA's receivables are from Saskatchewan Workers' Compensation Board, health insurance companies or other Provinces. Therefore, the credit risk is minimal.

c) Fair value

The following methods and assumptions were used to estimate the fair value of each class of financial instrument:

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

13. Financial Instruments – (continued)

- The carrying amounts of these financial instruments approximate fair value due to their immediate or short term nature.
  - Accounts receivable
  - Accounts payable
  - Accrued salaries and vacation payable

- Cash and short-term investments are recorded at fair value as disclosed in Schedule 2.

- The fair value of the bank loan payable before the repayment required within one year, is $293,809 (2011 – $0) and is determined using discounted cash flow analysis based on current incremental borrowing rates for similar borrowing arrangements.

d) Bank Loan/Operating Line-of-Credit

Bank loan borrowings are secured by the Health Authority Borrowing Resolution and Assignment and Hypothecation of revenues, and bearing interest at an interest rate of 3.89%, which is due on demand. Total interest paid on the bank loan in 2012 was $895 (2011 - $0)

The RHA has a line of credit of $500,000 (2011 - $500,000) with an interest rate charged at prime rate, which is re-negotiated annually. The line of credit is secured by an assignment and hypothecation of revenues. Total interest paid on the line of credit in 2012 was $nil (2011 - $nil). The line of credit was approved by the Minister on June 19, 2002.

14. Volunteer Services

The operations of the RHA utilize services of many volunteers. Because of the difficulty in determining the fair market value of these donated services, the value of these donated services is not recognized in the financial statements.

15. Community Generated Funds

Under the terms of the pre-amalgamation agreement, the RHA has agreed to hold community generated assets in trust. The RHA established a separate fund for the assets of each trust. Health corporations formerly held these assets before amalgamating with the RHA. The assets are interest bearing with the interest credited to the trust balance. The RHA presently administers $21,219 (2011 - $19,917) under these agreements.

16. Future Accounting Changes:

The Canadian Institute of Chartered Accountants (CICA) approved an amendment to require Government Not-For-Profit Organizations reporting under section 4400 of the CICA handbook to move to reporting under section 4200 to 4270 of the Public Sector Accounting Handbook. This change is effective for fiscal years beginning on or after January 1, 2012. At that time a liability will be required to disclose an amount for accumulated sick leave. The amount of the liability requires an actuarial assessment. The impact of this change cannot be determined at this time.

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
NOTES TO THE FINANCIAL STATEMENTS
For the Year Ended March 31, 2012

17. Pay for Performance

Effective April 1st, 2011 a pay for performance compensation plan was introduced, for Mamawetan Churchill River this only applies to the CEO position. As a result, the CEO was paid 90% of base salary for the fiscal year ended March 31, 2012. The CEO is eligible to earn up to 110% of their base salary. The amounts over 90% of base salary are considered 'lump sum performance adjustments'. Lump sum performance adjustments have not been determined for the year ended March 31, 2012 because information to assess the CEO's performance is not yet available. The performance adjustments for the 2011-12 fiscal year will be paid out in the 2012-13 fiscal year.

18. Collective Agreements

The Saskatchewan Government Employees' Union (SGEU) contract remained in effect until March 31, 2012. The Health Sciences Association of Saskatchewan (HSAS) is in effect until March 31, 2013. The Saskatchewan Union of Nurses (SUN) contract remained in effect until March 31, 2012.

19. Comparative Information

Certain 2010-2011 balances have been reclassified to conform to the current year's presentation.

Schedules

Schedule 1

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXPENSES BY OBJECT
For the Year Ended March 31, 2012

	Budget 2012	Actual 2012	Actual 2011
Operating:	(Unaudited)		(Note 19)
Advertising & public relations	$ 50,542	$ 23,575	$ 34,022
Board costs	113,160	144,100	72,927
Compensation - benefits	4,219,828	3,530,919	3,488,113
Compensation - salaries	15,228,753	15,185,688	14,734,952
Continuing education fees & materials	190,786	154,479	144,934
Contracted-out services - other	873,315	1,137,882	1,005,837
Diagnostic imaging supplies	4,700	1,134	12,603
Dietary supplies	820	2,044	818
Drugs	231,847	258,248	239,997
Food	190,858	197,183	185,295
Grants to ambulance services	752,289	907,229	733,232
Grants to health care organizations &	355,623	573,588	360,555
Housekeeping & laundry supplies	45,740	48,531	42,146
Information technology contracts	76,381	73,643	75,108
Insurance	55,000	52,948	51,197
Interest	7,114	5,090	5,291
Laboratory supplies	161,883	158,827	151,022
Medical & surgical supplies	398,417	319,224	341,243
Medical remuneration & benefits	1,244,265	1,217,907	1,134,747
Meetings	46,521	38,697	54,067
Office supplies & other office costs	394,217	382,689	440,800
Other	340,164	326,822	254,441
Professional fees	200,322	203,061	196,900
Purchased salaries	472,347	375,568	522,014
Rent/lease/purchase costs	688,388	711,628	616,266
Repairs & maintenance	339,102	235,230	225,527
Supplies - other	219,706	172,663	170,575
Therapeutic supplies	2,700	1,418	2,587
Travel	975,860	906,279	942,810
Utilities	379,562	225,816	373,090
Total Operating Expenses	$ 28,260,210	$ 27,572,110	$ 26,613,116
Restricted:			
Amortization		$ 549,225	$ 536,064
Other		38,396	163,825
		$ 587,621	$ 699,889

Schedule 2

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF INVESTMENTS
As at March 31, 2012

	Amount
Restricted Investments*	
Cash and Short Term	
Chequing and Savings:	
Prince Albert Credit Union	$ 15,495
Flin Flon Royal Bank	1,256
Flin Flon Credit Union	4,468
La Ronge CIBC	928,795
Total Cash & Short Term Investments	**$ 950,014**
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Restricted Investments	**$ 950,014**
Unrestricted Investments	
Cash and Short Term	
Cash	$ 1,025
Chequing and Savings - CIBC	$ 3,092,235
Total Cash & Short Term Investments	**$3,093,260**
Long Term	
Province of Saskatchewan	$ -
Total Long Term Investments	$ -
Total Unrestricted Investments	**$3,093,260**
Total Investments	**$4,043,274**
Restricted & Unrestricted Totals	
Total Cash & Short Term	$ 4,043,274
Total Long Term	$ -
Total Investments	**$4,043,274**

* Restricted Investments consist of:
- Community generated funds transferred to the RHA and held in the Community Trust Fund (Schedule 3); and
- Cash and Bank accounts held in the Capital Fund

Schedule 3

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF EXTERNALLY RESTICTED FUNDS
For the Year Ended March 31, 2012

COMMUNITY TRUST FUND EQUITY

Trust Name	Balance Beginning of Year	Investment & Other Revenue	Donation	Expenses	Withdrawals	Balance End of Year
La Ronge Home Care	$ 13,412	$ 9	$ 481	$ (101)	$ -	$ 13,801
Weyakwin Home Care	660	-	-	-	-	660
Creighton Home Care	3,489	4	975	-	-	4,468
Sandy Bay Home Care	1,296	-	-	(40)	-	1,256
Pinehouse Home Care	1,060	-	-	(26)	-	1,034
Total Community Trust Fund	**$ 19,917**	**$ 13**	**$ 1,456**	**$ (167)**	**$ -**	**$ 21,219**

CAPITAL FUND

	Balance Beginning of Year	Investment & Other Revenue	Capital Grant Funding	Expenses	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
	(Note 18)					
Ministry of Health - Equipment	$ 218,502	$ -	$ 67,000	$ -	$ (91,304)	$ 194,198
Ministry of Health - Capital Improvements	89,372	-	-	-	(48,580)	40,792
Total Capital Fund	**$ 307,874**	**$ -**	**$ 67,000**	**$ -**	**$ (139,884)**	**$ 234,990**
TOTAL EXTERNALLY RESTRICTED FUNDS	**$ 327,791**	**$ 13**	**$ 68,456**	**$ (167)**	**$ (139,884)**	**$ 256,209**

Schedule 4

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF CONSOLIDATED INTERNALLY RESTRICTED FUND BALANCES
For the Year Ended March 31, 2012

	Balance Beginning of Year	Net Income Allocated	Allocation from Unrestricted Fund	Transfer to Unrestricted Fund (Expenses)	Transfer to Investment in Capital Asset Fund Balance	Balance End of Year
Other Internally Restricted Funds	$ 398,236	$ (14,653)	$ 510,598	$ -	$ (242,120)	**$652,061**
Total Capital	**$398,236**	**$(14,653)**	**$510,598**	**$ -**	**$(242,120)**	**$652,061**

Schedule 5

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF BOARD MEMBER REMUNERATION
For the Year Ended March 31, 2012

	2012							2011
RHA Members	Retainer	Per Diem	Travel Time Expenses	Travel and Sustenance Expenses	Other Expenses	CPP	Total	Total
Joe Hordyski	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ 21,902
Al Rivard	-	6,888	2,191	3,197	-	296	12,572	7,334
Ron Pratt	-	3,466	1,923	2,492	-	113	7,994	6,116
Josie Searson	-	5,659	2,162	4,316	-	-	12,137	6,768
Leon Charles	-	3,161	2,578	3,448	-	137	9,324	8,069
Louise Wiens	-	4,468	1,943	2,748	-	-	9,159	5,114
Ron Woytowich	11,536	12,486	5,057	7,722	-	1,086	37,887	5,114
Lorraine Bear	-	2,582	6,904	8,105	-	410	18,001	7,712
Miles Bean	-	2,466	1,034	1,397	-	-	4,897	-
Total	$ 11,536	$ 41,176	$ 23,792	$ 33,425	$ -	$ 2,042	$ 111,971	$ 68,129

Schedule 5 – (continued)

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY
SCHEDULE OF SENIOR MANAGEMENT SALARIES, BENEFITS, ALLOWANCES, AND SEVERARANCE
For the Year Ended March 31, 2012

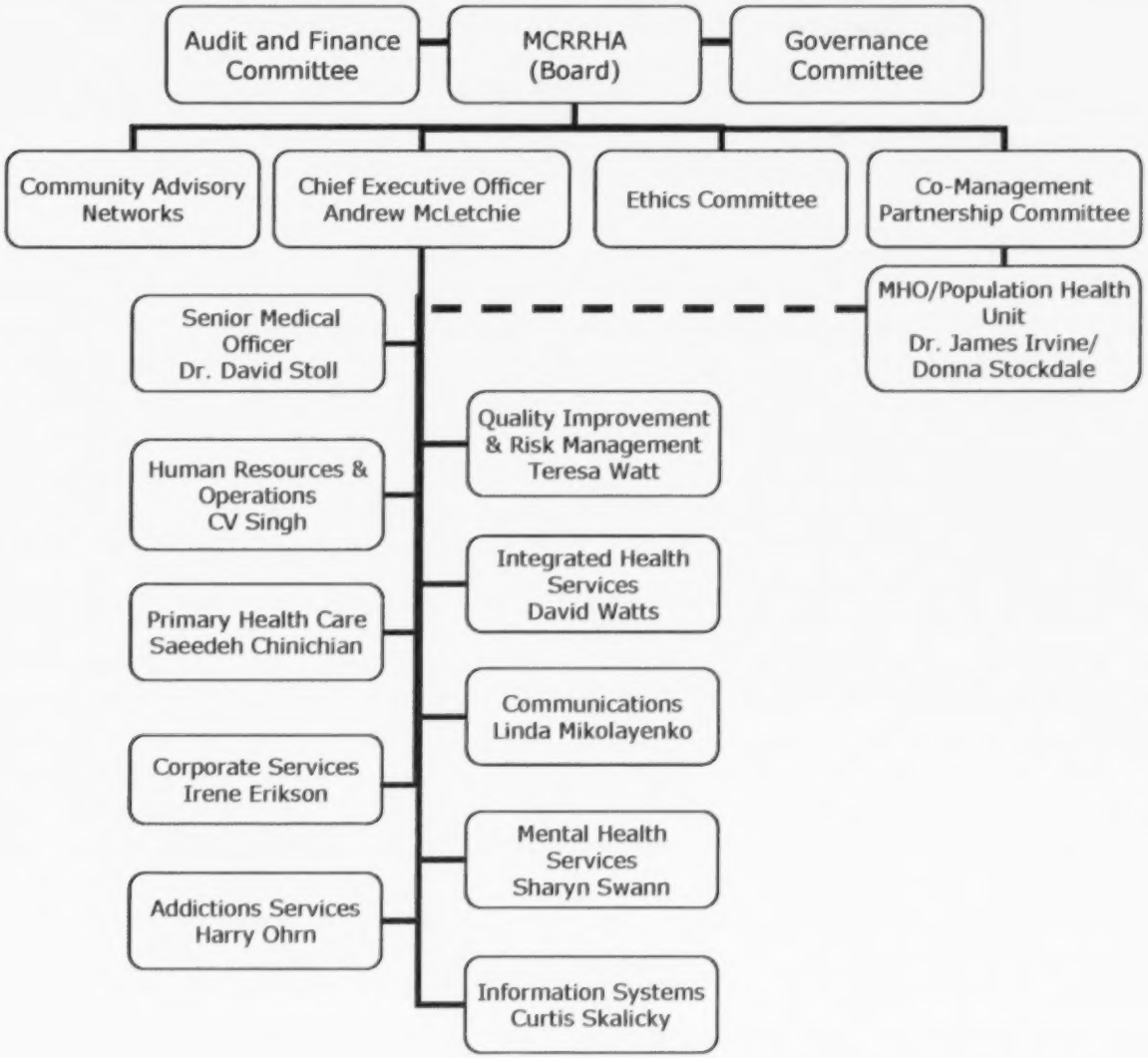
	2012					2011		
Senior Employees	Salaries[1]	Benefits and Allowances[2]	Sub-total	Severance Amount	Total	Salaries, Benefits and Allowances[1,2]	Severance	Total
Kathy Chisholm, CEO	$ 81,143	$ 10,446	$ 91,589	$ -	$ 91,589	$ 176,849	$ -	$ 176,849
Andrew McLetchie, CEO	123,685	9,169	132,854	-	132,854	119,189	-	119,189
Brenda Mishak-Beckman, Director of Primary Health Care	-	-	-	-	-	71,339	-	71,339
Irene Erikson, Director of Corporate Services	77,362	10,008	87,370	-	87,370	38,647	-	38,647
Curtis Skalicky, Director of Information Systems	99,279	10,155	109,434	-	109,434	102,687	-	102,687
Donna Stockdale, Director of Population Health	112,000	11,417	123,417	-	123,417	130,115	-	130,115
Harry Ohrn, Director of APRS	85,851	9,178	95,029	-	95,029	86,717	-	86,717
Kenneth Kowalczyk, Director of Corporate Services	-	-	-	-	-	42,008	-	42,008
Linda Mikolayenko, Director of Communications	77,777	10,650	88,427	-	88,427	80,145	-	80,145
Sharyn Swann, Director of Mental Health	79,894	9,178	89,072	-	89,072	99,711	-	99,711
Susan Halland, Director of Human Resources	39,504	7,078	46,582	-	46,582	113,717	-	113,717
Teresa Watt, Director of Quality Improvement and Risk Management	99,051	9,802	108,853	-	108,853	101,921	-	101,921
Saaedeh Chinchian, Director of Primary Care	93,275	2,714	95,989	-	95,989	-		-
David Watts, Director of Integrated Services	29,120	895	30,015	-	30,015	-		-
CV Singh, Director of Human Resources	48,292	1,929	50,221	-	50,221	-		-
Total	$1,046,233	$ 102,619	$1,148,852	$ -	$1,148,852	$1,163,045	$ -	$1,163,045

1. Salaries include regular base pay, overtime, honoraria, sick leave, vacation leave, and merit or performance pay, lumpsum payments, and any other direct cash remuneration. Senior employee salaries were paid 90% of base salary. Senior employees are eligible to earn up to 110% of their base salary. Performance adjustments have not been determined for the year ended March 31, 2012 and will be paid out in the 2012-13 fiscal year. Refer to Note 17 for further details.

2. Benefits and Allowances include the employer's share of amounts paid for the employees' benefits and allowances that are taxable to the employee. This includes taxable: professional development, education for personal interest, non-accountable relocation benefits, personal use of: an automobile; cell-phone; computer; etc. As well as any other taxable benefits.

Appendix A – Organizational Chart

The Mamawetan Churchill River Health Region is organized utilizing a departmental model. Each program manager or director is held accountable for one or more functions. Below is the organization chart as of March 31, 2012.


Audit and Finance Committee
MCRRHA (Board)
Governance Committee
Community Advisory Networks
Chief Executive Officer Andrew McLetchie
Ethics Committee
Co-Management Partnership Committee
MHO/Population Health Unit Dr. James Irvine/ Donna Stockdale
Senior Medical Officer Dr. David Stoll
Quality Improvement & Risk Management Teresa Watt
Human Resources & Operations CV Singh
Integrated Health Services David Watts
Primary Health Care Saeedeh Chinichian
Communications Linda Mikolayenko
Corporate Services Irene Erikson
Mental Health Services Sharyn Swann
Addictions Services Harry Ohrn
Information Systems Curtis Skalicky

Note: Changes that took place in the organization in 2011-12 include: Chief Executive Office Kathy Chisholm retired at the end September, 2011, and Andrew McLetchie moved from Director of Integrated Health Services to Chief Executive Officer at the beginning of October. David Watts became the Director of Integrated Health Services in January, 2012. Saeedeh Chinichian assumed the vacant position of Director of Primary Health Care Services in June. Susan Halland retired as Director of Human Resources and Operations in July, and C V Singh assumed that role in September. Cheryl Elliot, contracted through the Prince Albert Parkland Health Region, held the duties of Chief Financial Officer on a part time basis until February, 2012, when Kevin Blechinger continued the arrangement.

Appendix B - Payee List

MAMAWETAN CHURCHILL RIVER REGIONAL HEALTH AUTHORITY

PAYEE DISCLOSURE LIST
For the Year Ended March 31, 2012

As part of government's commitment to accountability and transparency, the Ministry of Health and Regional Health Authorities disclose payments of $50,000 or greater made to individuals, affiliates and other organizations during the fiscal year. These payments include salaries, contracts, transfers, supply and service purchases and other expenditures.

Personal Services

Listed are individuals who received payments for salaries, wages, honorariums, etc. which total $50,000 or more.

Abrametz, Cathryn	$ 70,234	Friesen, Crystal	$ 88,320
Ahenakew, Wendy	72,482	Funk, Krista	91,050
Beal, Melanie	79,081	Galloway, Pat	113,939
Beaudin, Donovan	95,826	Galloway, Justin	93,548
Beckman, Bart	72,802	Geier, Monika	59,666
Bell, Kim Ann	70,908	George, Jisha	58,488
Biliske, Barbara	103,583	Giles, W Barry	85,963
Boyer, BM Audrey	60,344	Goulet, Millie	78,137
Brakstad, Gregory	77,603	Graham, Bryce	116,439
Bratberg, Larene	100,150	Gray, Janet	87,938
Brock, Trent	74,862	Greuel, Cindy	102,051
Brown, Todd	224,946	Grimard, Jo Anne	57,199
Brown, Michelle	75,710	Haberman, Cory	94,692
Burkholder, Joanne	141,116	hallberg, dianne	79,503
Caisse, Donald	74,713	Haydukewich, Karien	87,139
Campbell, Joanne	64,515	Hiebert, Julia	64,098
Cannon, William	181,901	Hill, Russell	71,606
Carolus, Andrew	96,770	Horne, Sandra	64,798
Catte, Luanne	71,677	Irving, Margaret	51,825
Chinichian, Saeedeh	96,275	Jack Frazer, Penny	73,587
Chisholm, Kathleen	91,578	Johnson, Jennifer	101,935
Christiansen, Allison	73,582	Johnston, Laura Lee	56,439
Clark, Colleen	65,480	Klassen, Chalsey	63,741
Coe, Jeannie	113,257	Kostyshyn, Carley	88,199
DesRoches, Wendy	79,651	Lafond, Sherry	52,643
Erikson, Irene	87,665	Lariviere, Sophie	53,593
Frain, Amanda	70,202	Legebokoff, Denise	104,641

Personal Services (continued)

Lim, Jacquelin	$ 50,524
Lowe, Krista	74,358
Mabee, Guy	59,199
Mackay, Michelle	108,169
Mahoney, Bonnie	76,362
Mark, Amy	92,130
Martin, Pamela	74,594
McDonald, Evelyn	72,430
McDonald, David	65,282
McLetchie, Andrew	132,845
McPhail, Wendy	79,990
Mesfin, Rediate	185,563
Mikolayenko, Linda	88,329
Millsteed, Sussan	109,148
Moore, Michelle	371,121
Morin, Patricia	68,600
Myslicki, Crystal	97,387
Nateweyes, Tanya	80,540
Natomagan, Jackie	90,856
Nefedow, Valerian	79,251
Nelson, Shirley	66,172
Ohrn, Harry	95,076
Ohrn, Caroline	76,564
Olsen, Joan	71,635
Patience, Deborah	98,312
Penney, Cindy	145,633
Pollon, Betty	59,211
Pontague, Carol	178,184
Prokopchuk, John	109,033
Quinn, Brian	105,012
Radloff, Jennifer	104,209
Ratcliffe, Maureen	75,468
Ratt Misponas, Caroline	82,801
Ray, Joanne	63,146
Roesler, Diane	209,124
Rohel, Tiffany	91,000
Romanow, Theresa	73,811
Romanow, Mark	66,871
Ross, Loretta	50,193
Roy, Jody	$ 68,655
Samoleski, Kenneth	59,164
Sampson, David	102,279
Senft, Laurie	68,594
Senik, Janet	87,520
Singh, Chandra	50,212
Skalicky, Curtis	109,709
Skalicky, Patricia	69,404
Slugoski, Deena	98,730
Smith, Phyllis	81,968
Smith, Kimberly	64,109
Stange, Calyn	68,994
Stockdale, Donna	127,052
Stomp, Kim	52,213
Storozuk, Karen	79,710
Swann, Sharyn	89,054
Taggart, Debbie	79,768
Taylor, James	99,651
Trites, Pamela	103,382
Turner, David	60,969
Van Meppelen, Alexander	52,344
Vancoughnett, S Kim	65,767
Vandergucht, Francine	102,289
Vincent, Jay	79,411
Walker, Melissa	56,514
Watt, Jody	109,828
Watt, Teresa	108,835
Watt, Dorla	105,164
Watts, David	74,749
Whaley, Rebecca	116,149
White, Nicole	63,338
Wilson, Jody Lee	102,619
Wolkosky, Patricia	114,105
Wolkosky, Charmaine	58,602
Woods, Melaney	67,620
Young, Maxwell	144,426
Zacharias, Shanna	80,966
Zarazun, Laurie	80,955

Supplier Payments

Listed are payees who received $50,000 or more for the provision of goods and services, including office supplies, communications, contracts and equipment.

Crestline	$ 62,485.50	Peter Ballantyne Cree Nation	$ 84,129.00
Dr. Axel Rohrmann	55,154.42	Philips Medical Systems Canada	58,190.04
Dr. David Stoll	163,702.38	Revenue Canada	4,854,377.00
Dr. Vincent K. Chan	93,654.26	S.A.H.O.	76,248.85
Federated Co-Operatives Limited	103,534.92	S.A.H.O. Dental Benefits	148,677.92
Grand And Toy	53,831.00	S.A.H.O. Dip Benefits	153,589.60
Great West Life	87,381.71	SAHO Extended Health Care	306,735.35
J.A.Steyn Med. Prof. Corporation	937,360.00	Sask Power	117,264.04
Kaministikochiwak Devel. Corp.	171,990.00	Sask Tel	150,213.81
Keewatin Yatthe Health Auth.	155,966.00	Saskatchewan Property Management	302,128.82
Kikinahk Friendship Centre	246,367.00	Saskatchewan Workers' Compensation Brd.	208,463.10
Marsh Canada Limited	53,154.00	Saskatchewan Healthcare	1,882,138.22
MCRHD Capital Account	227,005.12	Saskatchewan Union Of Nurses	58,210.26
Medi-Cross Pharmasave	331,978.10	Saskenergy	264,390.00
Ministry Of Government Services	244,396.87	Schaan Healthcare Products	134,707.14
North Sask Laundry & Support Services	155,408.54	SGEU-Local	94,474.28
Northlands College	425,000.00	Sk. Govt. Employee's Union	69,632.15
Ortho - Clinical Diagnostics	93,364.76	Sysco Food Services Of Regina	185,744.60
PEBA/Public Emp. Pension Plan	151,839.52	Transwest Air	548,616.66

Appendix C - Partnerships

"Together in Wellness" is more than just a slogan for the Mamawetan Churchill River Health Region. Working together with other individuals and organizations is critical to achieving our mandate, and to contributing to the well-being of the larger community. Following are some of the partnerships our health region is engaged in.

Children North - Early Childhood Intervention Program (ECIP)

Children North - Early Childhood Intervention Program (ECIP) is one of 15 agencies in Saskatchewan providing family centered and home based early childhood intervention support. Children North provides services to families in La Ronge, Grandmother's Bay, Sucker River, Hall Lake and Pinehouse. ECIP families have children with special and specific needs and who are not yet enrolled full time in school. ECIP's support to families is based on the families' needs and may include:

- Access to information about children with disabilities, developmental delays and or behavioural concerns. The child may be affected by Fetal Alcohol Spectrum Disorder, chromosomal anomalies, neurological or genetic disorders, congenital malformations, other spectrum disorders, chronic medical illnesses, etc.;
- Regular home visits to complete screening for developmental milestones, and provide information on parenting and disabilities;
- Coaching on strategies to enhance the child's development, and the relationship between parent and child and community;
- Service coordination, case management, referral to other supports;
- Accompaniment to local and regional medical appointments, research and advocacy.

Children North also offers family support from a Family Assistant. This is a home-based, outreach program working with vulnerable families and their children. Using a positive, strength-based approach, the Assistant may mentor parents to build their skills in maintaining a healthy home. Parents may need assistance learning housekeeping, doing laundry, budgeting, meal preparation, developing routines, making and keeping appointments, or connecting with other services in the community. The Assistant may also work with parents to establish and maintain healthy relationships with other parents.

Self referrals are accepted, and all services, including access to the toy and resource lending libraries are free. For more information, contact the Director at 306-425-6600.

Community Advisory Networks

Community Advisory Networks are established by the Regional Health Services Act. They consist of volunteers from our various communities who assist the Health Authority to understand the needs, preferences and priorities of the people and communities, and advise the Authority on broad issues. If you wish to join a Community Advisory Network, or would like more information, please contact the Director of Communications at 306-425-2422.

Community Vitality Monitoring Partnership

Working with northern communities, health and education agencies, the Northern Mines Monitoring Secretariat, as well as industry (Areva and Cameco), this partnership involves the development of monitoring process for social impacts of various developments in northern Saskatchewan. Mamawetan Churchill River Health Region is represented on the Steering Committee by the Medical Health Officer who is the chair of the Steering Committee. Recent initiatives include the Career Ambassador program and a study of socio-economic (Community Vitality) impacts of the uranium industry in Northern Saskatchewan.

Creighton Alcohol and Drug Abuse Council (CADAC)

CADAC is an incorporated Health Care Organization with its own Board of Directors. Through a funding agreement with the Mamawetan Churchill River Health Region, it provides addictions prevention and intervention services to residents in Creighton and surrounding areas.

CADAC has initiated a number of programs and is involved in a variety of committees within the community. CADAC may be reached by calling 306-688-8291.

Creighton Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Creighton Interagency Committee. The committee members work together to address community needs.

Creighton School Division

Creighton Community School is part of Creighton School Division #111. The Mamawetan Churchill River Health Region dental program is located at the school, and MCRHR public health nurses provide immunizations and educational programs.

Diabetes Education Network (DEN)

The Diabetes Education Network (DEN) is a group of community members and health care professionals interested in learning about diabetes together. DEN is an initiative of Mamawetan Churchill River Health Region and Lac La Ronge Indian Band.

First Responders

First Responders are registered volunteers who have successfully completed a first responder training program. They are dispatched to an emergency only after the local ambulance service has been notified. In the Mamawetan Churchill River Health Region, first responders are based in Grandmother's Bay, Sucker River, Hall Lake, Weyakwin, Sandy Bay and Pinehouse Lake. This program operates in partnership with the Lac La Ronge Indian Band Health Services, which pays for the original training and equipment. The health

region, through a first responder facilitator, ensures the first responders are registered and arranges for regular in-services.

Flin Flon Ambulance

Through a funding agreement with the health region, Flin Flon Ambulance staff provide ambulance services in the Creighton, Denare Beach and Deschambault Lake areas.

Hatchet Lake First Nation Health Services

Located at a Health Centre in Wollaston Lake, and funded through Health Canada, the Hatchet Lake First Nation Health Services provides health care to residents of the area. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Health Shared Services Saskatchewan (3sHealth)

3sHealth is a new organization that will leverage economies of scale, best practices and shared expertise, working collaboratively with the health regions and Saskatchewan Cancer Agency to improve quality and efficiency of selected administrative and support services. The services will play a critical in improving health system quality and achieving cost savings that will support investments into direct patient care.

Health Quality Council

The Health Quality Council (HQC) is an independent agency that measures and reports on quality of care in Saskatchewan, promotes improvement, and engages its partners in building a better health system. The Mamawetan Churchill River Health Region has participated in a number of HQC initiatives including the Chronic Disease Collaborative, Quality as a Business Strategy, discharge planning and a patient experience survey.

J.A. Steyn Professional Medical Corporation

Through funding agreements, the J.A. Steyn Professional Medical Corporation provides physician services to the Mamawetan Churchill River Health Region at Sandy Bay and to the Peter Ballantyne Cree Nation Health Services, Inc. at Pelican Narrows and Deschambault Lake.

Jeannie Bird Clinic - see Lac La Ronge Indian Band Health Services

Kids First North

Kids First is a program that helps families to become the best parents they can be and to have the healthiest children possible. The program enhances knowledge, provides support, and builds on family strengths.

The Mamawetan Churchill River Health Region is a partner in this initiative. The region provides prenatal referral and support; in-hospital screening; breastfeeding support and encouragement; assessment; and home visiting services in La Ronge.

Through Mental Health Services, we partner to provide a mental health and addictions Team and Family Counsellor to KFN families and staff in the communities of La Ronge, Sandy Bay and Pinehouse.

Kikinahk Friendship Centre

The Kikinahk Friendship Centre is located in La Ronge. Health Region staff collaborate with Kikinahk program staff on committees such as the Pre Natal Baby Friendly Committee and projects relating to sexual health. Funding flows through the Mamawetan Churchill River Health Region from the province to the Kikinahk Friendship Centre for the administration of the Northern Human Services Partnership.

La Ronge Emergency Medical Services (EMS)

La Ronge EMS is a privately-owned company. Through a funding agreement with the health region, La Ronge EMS staff provide ambulance services in the La Ronge area.

La Ronge Medical Clinic

A nurse practitioner and diabetes nurse educator, employed by the health region, work in partnership with the physicians and administrative support team at the La Ronge Medical Clinic. The La Ronge Medical Clinic is located on La Ronge Avenue along the shore of Lac La Ronge and is a university affiliated teaching practice operated by the Northern Medical Services division of the Department of Academic Family Medicine of the University of Saskatchewan.

The clinic offers medical services for scheduled appointments, minor emergency services, health counseling and regular visiting specialist clinics to the people of La Ronge and the neighbouring communities.

Physicians also provide services to the La Ronge Health Centre Emergency, Outpatients, Acute Care, and Long Term Care departments. As well, regular clinics are scheduled at Wollaston Lake, Stanley Mission, Pinehouse and Southend.

The phone number for the La Ronge Medical Clinic is 306-425-2174. Hours are Monday through Friday from 9:00 a.m. to 5:00 p.m.

La Ronge Ministerial Association

On a voluntary basis, clergy in La Ronge provide a chaplaincy service to patients at the La Ronge Health Centre and residents of Nikinan (Long Term Care). As well, members of the Ministerial Association take turns conducting worship services in Nikinan on Sundays and special occasions.

Lac La Ronge Indian Band Health Services

Headquartered at the Jeannie Bird Clinic on Far Reserve, the Lac La Ronge Indian Band Health Services provide a wide range of health services for members of the Lac La Ronge Indian Band. Health Clinics are also located in Grandmother's Bay, Hall Lake, Sucker River and Little Red River.

The Mamawetan Churchill River Health Region collaborates with Lac La Ronge Indian Band Health Services on committees such as the Pre Natal Baby Friendly Committee and National Addictions Awareness Week, and in the training of first responders.

The Jeannie Bird Clinic may be contacted by calling 306-425-3600.

New North - Saskatchewan Association of Northern Communities Services, Inc.

New North is comprised of 35 member communities with the goal of enhancing the quality of life for northern people within the Northern Administration District of Saskatchewan. Mamawetan Churchill River Health Region staff collaborate with the various councils in emergency planning and in training programs for municipal workers.

NOR-MAN Regional Health Authority

The NOR-MAN Regional Health Authority is located in northern Manitoba. In addition to providing services to that area of the province, it also provides services at Flin Flon General Hospital to approximately 8,000 residents of NE Saskatchewan from the communities of Creighton, Denare Beach, Deschambault Lake, Pelican Narrows, Sandy Bay, and Sturgeon Landing. A funding agreement for the provision of these services exists between the two provinces. Al Rivard, a member of the Mamawetan Churchill River Regional Health Authority, also served on the Board of the NOR-MAN RHA in 2011-12. The NOR-MAN Regional Health Authority is being amalgamated with the Burntwood Regional Health Authority to form a larger northern regional health authority.

North Sask Laundry & Support Services LTD

North Sask Laundry is a non-profit organization whose purpose is to provide linens for the following health regions: Kelsey Trail, Prairie North, Prince Albert Parkland and Mamawetan Churchill River. In 2011-12, MCRRHA Board Member Louise Wiens sat on the Board of North Sask Laundry, and the region is represented on committees by staff.

North Sask Special Needs Housing, Employment, Recreation, Inc. (NSN)

NSN works to provide enhanced opportunities for people with disabilities to have safe and appropriate housing, meaningful employment, and rewarding recreational activities. Special needs can result from physical or mental disabilities. The non-profit organization is based in La Ronge and acts as a service delivery agent for programs funded by the health region. NSN may be reached by phone at 306-425-4990 or email at: nsn.laronge@sasktel.net

Northern Antibiotic Resistance Partnership

The Northern Antibiotic Resistance Partnership (NARP) is comprised of a team of community members, healthcare professionals, educators and research scientists (four health regions, seven communities, five First Nations health organizations, Public Health Agency of Canada, National Laboratory of Microbiology, Saskatchewan Disease Control Laboratory) working in partnership to study antimicrobial resistant bacteria causing infections in northern communities. The Population Health Unit and Director of Primary Health Care represent the Mamawetan Churchill River Health Region on this team. Some of the initiatives include a social marketing campaign and curriculum components for schools.

Northern Inter-Tribal Health Authority

The mission of the Northern Inter-Tribal Health Authority (NITHA) is to provide professional support, advice and guidance to its partners (the Prince Albert Grand Council, the Meadow Lake Tribal Council, the Peter Ballantyne Cree Nation, and the Lac La Ronge Indian Band), enabling them to better meet the health needs of their communities. The Mamawetan Churchill River Health Region collaborates with NITHA in initiatives such as the Northern Health Strategy and Northern Antibiotic Resistance Partnership.

Northern Health Authorities Co-management Partnership Committee

The three northern health authorities, the Athabasca Health Authority, the Keewatin Yatthé Regional Health Authority and the Mamawetan Churchill River Regional Health Authority, are signatories to a Memorandum of Understanding establishing the Northern Health Authorities Co-management Partnership Committee (NHACPC). The goal of the NHACPC is to improve the health and well-being of the people of northern Saskatchewan by working together in the development of healthy public policy and providing a strong northern voice for various provincial health and other intersectoral initiatives and programs. The objective is also to collaborate, when appropriate, in delivering efficient and cost-effective health programs across the north. One major collaborative initiative is the Population Health Unit, with components which have a north-wide legislative function for the Public Health Act, such as environmental health and communicable disease monitoring.

Northern Healthy Communities Partnership

The Northern Health Communities Partnership (NHCP) is a group of people who work together on areas of common interest to encourage and build healthy Northern communities. NHCP has representation from a variety of sectors, both on and off reserve throughout the North, including the three northern health authorities, First Nations, and education, recreation, Justice, New North and Northern Human Services Partnership. Currently, NHCP initiatives are led by five Action Teams: the Active Communities Team, the Healthy Eating Team, Babies, Books and Bonding, 40 Developmental Assets and the Northern Tobacco Strategy. The Population Health Unit provides coordination and administration for the partnership.

Northern Human Services Partnership

The Northern Human Services Partnership's mandate is to "provide a forum for the planning and delivery of integrated human services for Northern people". Membership is open to anyone that is interested; the Executive is formed by members of provincial ministries, non-profit organizations, and third-party organizations. First Nations and federal agencies are also part of the membership. The work is determined by both the membership and by provincial government. Examples of provincial work would be the work done to develop and implement Cognitive Disabilities Strategy in La Ronge and area, and the adjudication of grants that result in the dissemination of almost $.5 million in provincial grants each fiscal year. The Community Reference Panels are an example of northern-identified work that the Partnership participates in with other stakeholders. In 2011-12, Ron Woytowich represented the Mamawetan Churchill River Regional Health Authority. Region staff also participate.

Northern Labour Market Committee

The mandate of the Northern Labour Market Committee is to identify and assess emerging labour market and economic development issues in northern Saskatchewan and recommend or initiate actions that will enable residents to benefit from training, employment, and economic activities in their region. The Mamawetan Churchill River Health Region participates in the Northern Health Sector Training Sub-Committee.

Northern Lights School Division #113

The majority of schools in the Mamawetan Churchill River Health Region fall under the jurisdiction of the Northern Lights School Division. The region collaborates with the various schools to provide dental services, immunizations and educational programs. A Sexual Wellness Coordinator works in partnership with the teachers in La Ronge to offer education, information and skills training to students about all aspects of human sexuality.

Northern Medical Services

Northern Medical Services is a division of the Department of Academic Family Medicine of the University of Saskatchewan. NMS is responsible for staffing the La Ronge Medical Clinic and ensuring that there are physicians to provide the necessary services in La Ronge and the communities of Wollaston Lake, Stanley Mission, Pinehouse and Southend.

Northern Mines Monitoring Secretariat (NMMS)

The NMMS is a body of federal and provincial ministries, agencies and departments and the three northern health authorities including Mamawetan Churchill River Health Region (through the Medical Health Officer) to facilitate assessment and monitoring initiatives of uranium mines as well as to support Northern Environmental Quality Committees.

Northlands College

Northlands College is a publicly funded regional college with campus centres located in La Ronge, Buffalo Narrows and Creighton. The Mamawetan Churchill River Health Region collaborates with the college to deliver programs such as the Health Careers Access program, the Special Care Aide and Licensed Practical Nurse training programs. The region provides practicum work placements.

Other Health Regions

In alphabetical order, here is a list of other health regions in Saskatchewan:

- Athabasca Health Authority
- Cypress Health Region
- Five Hills Health Region
- Heartland Health Region
- Keewatin Yatthé Health Region
- Kelsey Trail Health Region
- Prairie North Health Region
- Prince Albert Parkland Health Region
- Regina Qu'Appelle Health Region
- Saskatoon Health Region
- Sun Country Health Region
- Sunrise Health Region

Peter Ballantyne Cree Nation Health Services Inc.

Through a funding agreement with the health region, the Peter Ballantyne Cree Nation Health Services Inc. provides ambulance services in the Pelican Narrows area. Peter Ballantyne Cree Nation Health Services Inc. also has health centres in the communities of Pelican Narrows, Deschambault Lake, Sturgeon Landing and Southend. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Pinehouse Interagency Committee

The Mamawetan Churchill River Health Region is one of almost 25 groups that make up the Pinehouse Interagency Committee. The committee members work together to address community needs. The organization was a 2008 recipient of the Northern Health Excellence Award for Partnership Development.

Pre-Natal Baby Friendly Committee (La Ronge)

In La Ronge, the Mamawetan Churchill River Health Region works with other organizations to ensure that pregnant women and families with babies receive the information and support they need to give their babies a healthy start in life. The committee hosts an annual Breastfeeding Walk, several prenatal gatherings, and educational sessions for professionals.

Sandy Bay Interagency Committee

The Mamawetan Churchill River Health Region is one of a number of groups that make up the Sandy Bay Interagency Committee. The committee members work together to address community needs.

Saskatchewan Cancer Agency

The Saskatchewan Cancer Agency provides leadership in cancer control for the people of Saskatchewan through prevention, early detection, treatment, and research. The health region collaborates with the Saskatchewan Cancer Agency in delivering the services of the mobile screening unit for breast cancer and the colorectal screening program.

Saskatchewan Ministry of Environment

Mamawetan Churchill River Health Authority partners closely with the Saskatchewan Ministry of Environment on a wide variety of initiatives such as reviews of environmental impact assessments, the assessment of human health risks in a variety of communities from contaminated sites, the health risk assessments of country food and joint training for municipal workers.

Saskatchewan Ministry of Health

The health region works closely with the Saskatchewan Ministry of Health and receives operational and capital funding through the Ministry. As well, the Ministry provides central coordination of program delivery.

Saskatchewan Association of Health Organizations (SAHO)

SAHO is a non-profit, non-governmental association of health agencies. In 2011-12, Ron Woytowich represented MCRRHA on the SAHO Board. The organization received a new mandate in 2012, and now provides its more than 150 members with collective bargaining and labour relations services.

Stanley Mission Health Services

The First Nations organization, Stanley Mission Health Services, serves the residents of the community of Stanley Mission. The Mamawetan Churchill River Health Region collaborates with their staff in the interests of common clients.

Town of La Ronge

With provincial funding, the Town of La Ronge purchased and maintains a Handivan for the use of Health Region homecare and social wellness programs.

Volunteers

The La Ronge Health Centre has a volunteer program that coordinates the time, talents and energy of volunteers to complement the work of staff and other community services. Volunteers are valued members of the team and provide assistance in a number of areas, including assistance with activities, meals on wheels, transportation and palliative care. A special effort is made to provide youth in the community with volunteer opportunities. For more information, contact the Volunteer Coordinator at 306-425-4803.

Appendix D - Publications

In the interest of public education and transparency, a number of publications developed during 2011-12 are available on the health region website. They include:

Northern Saskatchewan Health Indicators Report 2011

Accreditation Report